

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F94000003931**

1. Entity Name
V & V NOORDLAND, INC.

Principal Place of Business
**P.O. BOX 739
MEDFORD NY 11763**

Mailing Address
**P.O. BOX 739
MEDFORD NY 11763**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

**NATIONSCORP REGISTERED AGENTS, INC.
526 E. PARK AVE.
SUITE 200
TALLAHASSEE FL 32302-3120**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so: ☐
(See criteria on back)

**FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **PTD** ☐ Delete
NAME **VAN HEYST, JAN J.S.**
STREET ADDRESS **16 COMMERCIAL BLVD**
CITY-ST-ZIP **MEDFORD NY**

TITLE **VSD** ☐ Delete
NAME **HOFMAN, WILLEM**
STREET ADDRESS **16**
CITY-ST-ZIP **MEDFORD NY**

TITLE **D** ☐ Delete
NAME **LAMMERS, FRANS**
STREET ADDRESS **116 COMMERCIAL BLVD.**
CITY-ST-ZIP **MEDFORD NY**

TITLE **D** ☐ Delete
NAME **WILLEMS, REIN**
STREET ADDRESS **16**
CITY-ST-ZIP **MEDFORD NY**

TITLE ☐ Delete
NAME **Patricia g Keith Asst Treas**
STREET ADDRESS **16 Commercial Blvd**
CITY-ST-ZIP **medford ny 11763**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

APPROVED
AND
FILED

01 NOV -6 PM 3:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

FEI Number **11-2294342**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

0105785 AT

CR2E034 (5/01)



UCC FILING & SEARCH SERVICES, INC.
526 East Park Avenue
Tallahassee, Florida 32301
(850) 681-6528

HOLD
FOR PICKUP BY
UCC SERVICES
OFFICE USE ONLY

November 6, 2001

CORPORATION NAME (S) AND DOCUMENT NUMBER (S):

V & V Noordland Inc.

Filing Evidence

- ☒ Plain/Confirmation Copy

☐ Certified Copy

Retrieval Request

- ☐ Photocopy

☐ Certified Copy

Type of Document

- ☐ Certificate of Status

☐ Certificate of Good Standing

☐ Articles Only

☐ All Charter Documents to Include
Articles & Amendments
☐ Fictitious Name Certificate

☐ Other

NEW FILINGS	
	Profit
	Non Profit
	Limited Liability
	Domestication
	Other

AMENDMENTS	
	Amendment
	Resignation of RA Officer/Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

OTHER FILINGS	
X	Annual Reports
	Fictitious Name
	Name Reservation
	Reinstatement

REGISTRATION/QUALIFICATION	
	Foreign
	Limited Liability
	Reinstatement
	Trademark
	Other

RECEIVED
01 NOV - 6 PM 3:30
DEPARTMENT OF STATE
DIVISION OF CORPORATION
TALLAHASSEE, FLORIDA