

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J74380

1. Entity Name

NORDELL CONSTRUCTION COMPANY

FILED
Mar 14, 2001 8:00 am
Secretary of State

03-14-2001 90501 040 ***150.00

Principal Place of Business

1007 ROCKLEDGE DR
ROCKLEDGE FL 32955
US

Mailing Address

1007 ROCKLEDGE DR
ROCKLEDGE FL 32955
US

C0033611



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

116 A HARRISON STREET

Suite, Apt. #, etc.

3. Mailing Address

116 A HARRISON STREET

Suite, Apt. #, etc.

City & State

COCOA, FL

City & State

COCOA, FL

4. FEI Number 59-2814667

Applied For

Not Applicable

Zip

32922

Country

USA

Zip

32922

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NORDELL, LENA K.
1007 ROCKLEDGE DR
ROCKLEDGE FL 32955

7. Name and Address of New Registered Agent

Name

NORDELL, LENA K.

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

116 A HARRISON STREET

City

COCOA

FL

Zip Code

32922

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

Lena K. Nordell

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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
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	D	<input type="checkbox"/> Delete
NAME	NORDELL, LENA K.	
STREET ADDRESS	1007 ROCKLEDGE DR	
CITY-ST-ZIP	ROCKLEDGE FL 32955	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORDELL, LENA K.	
STREET ADDRESS	116 A HARRISON STREET	
CITY-ST-ZIP	COCOA, FL 32922	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Lena K. Nordell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)