

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90058 027 ***150.00

DOCUMENT # L61786

1. Entity Name
NOR-MINERAL OF FLORIDA, INC.

Principal Place of Business Mailing Address
3737 VILLAGE GREEN DR **3737 VILLAGE GREEN DRIVE**
SARASOTA FL 34239 **SARASOTA FL 34239**
US **US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **58-1891956** Applied For
 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

NEUFELD JOHN
3737 VILLAGE GREEN DRIVE
SUITE 111B
SARASOTA FL 34239

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 _____ (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	P	<input type="checkbox"/> Delete
NAME	FECKO, JOHN S	
STREET ADDRESS	1143 LINN DRIVE	
CITY-ST-ZIP	CARLISLE PA	
TITLE	VP	<input type="checkbox"/> Delete
NAME	FECKO, JUNE E	
STREET ADDRESS	1143 LINN DRIVE	
CITY-ST-ZIP	CARLISLE PA	
TITLE	S	<input type="checkbox"/> Delete
NAME	KRUIDENIER, JEANNIE	
STREET ADDRESS	3641 JACINTO ST	
CITY-ST-ZIP	SARASOTA FL	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	FECKO, JAMES	
STREET ADDRESS	330 MOORELAND AVENUE	
CITY-ST-ZIP	CARLISLE PA	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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: John S Fecko **JOHN S FECKO** 1/18/01 (941)924-1548

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)