

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 31, 2003 8:00 am
Secretary of State

07-31-2003 90065 029 ***550.00

0110883 AV

DOCUMENT # L61786

1. Entity Name

NOR-MINERAL OF FLORIDA, INC.



Principal Place of Business

**3737 VILLAGE GREEN DR
SARASOTA FL 34239
US**

Mailing Address

**3737 VILLAGE GREEN DRIVE
SARASOTA FL 34239
US**

2. Principal Place of Business

**19 Whispering Sands Dr
Suite, Apt. #, etc.
1205**

3. Mailing Address

**3 Latchgate Lane
Suite, Apt. #, etc.**

City & State

Sarasota FL

City & State

mechanicsburg PA

Zip

34242

Country

USA

Zip

17050

Country

USA

4. FEI Number

58-1891956

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES



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

Jeannie Kruidenier

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

**19 Whispering Sands Dr.
1205**

City

sarasota

FL

Zip Code

34242

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

J Kruidenier (Jeannie Kruidenier, sec.)

(NOTE: Registered Agent signature required when reinstating)

7-25-03

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

10. 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 type="checkbox"/> Delete
NAME	FECKO, PATRICIA	
STREET ADDRESS	330 MOORELAND AVENUE	
CITY-ST-ZIP	CARLISLE PA 17013	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	19 Whispering Sands Dr.	
STREET ADDRESS	# 1205	
CITY-ST-ZIP	sarasota FL 34242	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jeannie Kruidenier	
STREET ADDRESS	3 Latchgate Lane	
CITY-ST-ZIP	mechanicsburg PA 17050	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Patricia Fecko	
STREET ADDRESS	1317 White Birch Lane	
CITY-ST-ZIP	carlisle PA 17013	
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		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

J Kruidenier (Jeannie Kruidenier, sec.)

7-28-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)