

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 JUN -5 PM 4:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L93000000078

1. Entity Name
NORFLUOR, U.S.A., L.C.

Principal Place of Business

415 PABLO AVENUE
JACKSONVILLE BEACH FL

Mailing Address

415 PABLO AVENUE
JACKSONVILLE BEACH FL 32250-5531

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3169518

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SHEA, VINCENT J
415 PABLO AVENUE NORTH
JACKSONVILLE BEACH FL 32240

7. Name and Address of New Registered Agent

Name

D. SHAWN BUFFALOE

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

415 PABLO AVENUE NORTH

City

JACKSONVILLE BEACH,

FL

Zip Code
32250

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 *D. Shawn Buffaloe* D. SHAWN BUFFALOE CHIEF FINANCIAL OFFICER MAY 22, 2000

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MEM ☐ Delete
STREET ADDRESS MESSERLIE, DAVID
CITY-ST-ZIP 201 TWELVE OAKS
PONTE VEDRA FL

TITLE NAME MEM ☒ Delete
STREET ADDRESS SHEA, VINCENT J
CITY-ST-ZIP 13600 EMERALD COVE CT.
JACKSONVILLE FL 32225

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 800003298828--1
CITY-ST-ZIP -06/21/00--01047--018
*****50.00 *****50.00

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

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

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

David P. Messerlie
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

DAVID P. MESSERLIE

CHAIRMAN

MAY 22, 2000 (904)241-1200

Date

Daytime Phone #

CR2E083 (9/99)