

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 27, 2001 8:00 am
Secretary of State

02-27-2001 90338 019 ***150.00

DOCUMENT # M24204

1. Entity Name
NORDEK CORPORATION

Principal Place of Business

**269 MARINA DRIVE
FT. PIERCE FL 34949**

Mailing Address

**269 MARINA DRIVE
FT. PIERCE FL 34949**

2.-Principal Place of Business

2030 Harbortown DR

Suite, Apt. #, etc.

Suite A

City & State

Ft Pierce

Zip

34946

Country

St Lucie

3. Mailing Address

2030 Harbortown Dr

Suite, Apt. #, etc.

Suite A

City & State

Ft Pierce

Zip

34946

Country

St Lucie



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2610708**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CONKLIN, HOWARD L.
269 MARINA DRIVE
FT. PIERCE FL 34949**

address change only

7. Name and Address of New Registered Agent

Name

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

2030 HARBORTOWN DR

Suite A

City

Ft Pierce

FL

Zip Code

34946

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 *Howard L Conklin*
Signature, typed or printed name of registered agent and title if applicable.

Howard L. Conklin

(NOTE: Registered Agent signature required when reinstating)

Feb 18, 2001

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** ☐ Delete
NAME **CONKLIN, HOWARD L.**
STREET ADDRESS **269 MARINA DR.**
CITY-ST-ZIP **FT. PIERCE FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CONKLIN, Howard L** ☒ Change ☐ Addition
NAME
STREET ADDRESS **2030 HARBORTOWN DR**
CITY-ST-ZIP **Ft Pierce, FL 34946**

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

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

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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: *Howard L Conklin*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Howard L. Conklin, Pres
Date

Feb 18, 2001
Daytime Phone # **561-462-5210**

CR2E034 (10/00)