

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000077885

1. Entity Name

NORDEN CONSULTING, INC.

FILED

May 14, 2001 8:00 am
Secretary of State

05-14-2001 90004 022 ***150.00

Principal Place of Business

151 CALHOUN AVE. STE 209
DESTIN FL 32541

Mailing Address

151 CALHOUN AVE. STE 209
DESTIN FL 32541

2. Principal Place of Business

4622 Windstar Dr.

Suite, Apt. #, etc.

3. Mailing Address

4622 Windstar Dr.

Suite, Apt. #, etc.

City & State

DESTIN, FL

City & State

Destin, FL

4. FEI Number

59-3664509

Applied For

Not Applicable

Zip

32541

Country

OKLAHOMA

Zip

32541

Country

OKLAHOMA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCGILL, ROBERT E III PA
38008 EMERALD COAST PKWY, STE 301
DESTIN FL 32541

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME OWNER
STREET ADDRESS JOHN A. NORDEN
CITY-ST-ZIP 4622 Windstar Dr.
DESTIN, FL 32541

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/01

850-796-2610

CR2E034 (10/00)