

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 06, 2003 8:00 am**  
**Secretary of State**

02-06-2003 90073 035 \*\*\*158.75

**DOCUMENT # P01000017829**

1. Entity Name  
**UNIMAR US, INC.**



Principal Place of Business  
**2520 NE 9TH AVE  
CAPE CORAL FL 33909**

Mailing Address  
**2520 NE 9TH AVE  
CAPE CORAL FL 33909**



2. Principal Place of Business  
**7941 Mercantile St.**  
Suite, Apt. #, etc.

3. Mailing Address  
**7941 Mercantile St.**  
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
**North Fort Myers, FL**  
Zip  
**33917** Country  
**USA**

City & State  
**North Fort Myers, FL**  
Zip  
**33917** Country  
**USA**

4. FEI Number **65-1103035**

Applied For  
 Not Applicable

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

**BAKKEGAARD, OLAV**  
**5352 COBALT CT  
CAPE CORAL FL 33904**

Name: **Bakkegaard, Olav**  
Street Address (P.O. Box Number is Not Acceptable)  
**5352 Cobalt Ct.**  
City **Cape Coral** FL Zip Code **33904**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BAKKEGAARD, OLAV</b> <b>5352 COBALT CT</b> <b>CAPE CORAL FL 33904</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SCHOU, TROND</b> <b>5338 MAJESTIC COURT</b> <b>CAPE CORAL FL 33904</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Bakkegaard, Olav</b> <b>5352 Cobalt Ct.</b> <b>Cape Coral, FL 33904</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** *Olav Bakkegaard* **Olav Bakkegaard** **1/31/2003** **239-567-5036**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)