

**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

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

7. Name and Address of New Registered Agent

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	BAKKEGAARD, OLAV	
STREET ADDRESS	5352 COBALT CT	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SCHOU, TROND	
STREET ADDRESS	5338 MAJESTIC COURT	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bakkegaard, Olav	
STREET ADDRESS	5352 Cobalt Ct.	
CITY-ST-ZIP	Cape Coral, FL 33904	
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		
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: *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)