## **2003 FOR PROFIT CORPORATION**

## **UNIFORM BUSINESS REPORT (UBR)**

P02000107769 DOCUMENT #

1. Entity Name NORAK, INC.



## **FILED** Apr 14, 2003 8:00 am Secretary of State

04-14-2003 90738 034 \*\*\*150.00

Record Record Plastiness  Record Record Plastiness  2. Principal Pince of Business  Suite. April #. etc.  Suit				N. S. W. S.	7			
Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  Ci	4808 CAMERON RD		4808 CAMERON RD		<del>-</del>			
Suite, Apr. II. etc.  Suite, Apr. III. dec.		•		-				
City & State  Country  Country  Country  Country  Country  Country  Country  6. Name and Address of Current Registered Agent  TYSON, KARON  4806 CAMERON RD  PLANT CITY FL 33567  City  FL 2ip Code  The collegatory submits bis statement for the purpose of changing its registered agent, or book, in the State of Florids. I am formillar with, and accept mo collegatory or registered agent.  FL 2ip Code  The country  FL 2ip Code  FL 2ip Code  The country	2. Principal Place of Business		3. Mailing Address	3. Mailing Address		IF UDINE PIDII NDIJI IDBII ECON		
Zip Country Zip Country S. Countr	Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES		
6. Name and Address of Current Registered Agent  7. Name and Address of Name Registered Agent  17. Name and Address of Name Registered Agent  7. Name and Address of Name Registered Agent  Name    Name	City & State		City & State	City & State				
Name   Street Address (P.O. Box Number is Not Acceptable)	Zip	Country	Zip	Country	5. Certificate of Status Desired			
TYSON, KARON RD PLANT CITY FL 33567  City FL Zip Code  8. The above named enchy 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 obligator or registered agent.  SIGNATURE  FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  TITLE NAME  TYSON, KARON ROBORSS  OTH-S1-ZIP  TITLE NAME  SIRRET ADDRESS  OTH-S1-ZIP  TITLE NAME		6. Name and Address of C	Current Registered Agent		7. Name and Address of New F	Registered Agent		l
### Steel Address (P.O. Box Number is Not Acceptable)    Steel Address (P.O. Box Number is Not Acceptable)	<b>5</b> /2011 1/	4501		Name				ĺ
8. The above named entity submits this statement for the purpose of changing its registered agont, or both, in the State of Florida. I am familiar with and accept the obligations of registered agont, or both, in the State of Florida. I am familiar with and accept the obligations of registered agont, or both, in the State of Florida. I am familiar with and accept the obligations of registered agont, or both, in the State of Florida. I am familiar with and accept the obligations of registered agont, or both, in the State of Florida. I am familiar with and accept the obligations of registered agont, or both, in the State of Florida. I am familiar with and accept the obligations of registered agont, or both, in the State of Florida. I am familiar with and accept the obligations of registered agont, or both, in the State of Florida. I am familiar with and accept the obligations of registered agont, or both, in the State of Florida. I am familiar with and accept the state of Florida. I am familiar				Street Addres	(P.O. Box Number is Not Acceptable)			
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of the corporation or the receiver or tissee 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: