

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P32991

1. Entity Name
HYDRO AGRI AMMONIA, INC.

Principal Place of Business

100 N. TAMPA STREET
STE. 3200
TAMPA FL 33602
US

Mailing Address

100 N. TAMPA STREET
STE. #3200
TAMPA FL 33602
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3040501

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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 PD
NAME CAVAZUTI, EDWARD
STREET ADDRESS 100 N. TAMPA ST. STE #3200
CITY-ST-ZIP TAMPA FL ☐ Delete

TITLE Director
NAME Terje Bakken
STREET ADDRESS 100 N. Tampa suite 3200
CITY-ST-ZIP Tampa, FL 33602 ☐ Change ☒ Addition

TITLE CDV
NAME COCKMAN, JAMES EDDIE
STREET ADDRESS 100 N. TAMPA STREET, STE. #3200
CITY-ST-ZIP TAMPA FL ☐ Delete

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

TITLE ST
NAME BIRKELUND, DAG
STREET ADDRESS 100 N TAMPA ST, SUITE 3200
CITY-ST-ZIP TAMPA FL 33602 ☐ Delete

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

TITLE D
NAME BIRKELUND, DAG
STREET ADDRESS 100 N TAMPA ST, STE 3200
CITY-ST-ZIP TAMPA FL 33602 ☐ Delete

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

TITLE D
NAME KYLLING, ALMAR
STREET ADDRESS BYGDOY ALLE 2
CITY-ST-ZIP OSLO NO ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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:

D. Birkelund DAG BIRKELUND

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)