

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000019016

1. Entity Name

NORCOM, INC.

FILED

Apr 02, 2001 8:00 am  
Secretary of State

04-02-2001 90040 010 \*\*\*150.00

Principal Place of Business

40 S.E. 5TH ST  
#500  
BOCA RATON FL 33432  
US

Mailing Address

40 S.E. 5TH ST  
#500  
BOCA RATON FL 33432  
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 65-0506381

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

MOSTROM, MICHELE  
5520 PACIFIC BLVD #218  
BOCA RATON FL 33433

Name Eric Mostrom

Street Address (P.O. Box Number is Not Acceptable)

1287 SW 19th Street

City Boca Raton

FL

Zip Code 33446

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	P	<input type="checkbox"/> Delete
NAME	MOSTROM, ERIC	
STREET ADDRESS	40 SE STR. -STE 500	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	VP	<input type="checkbox"/> Delete
NAME	FITZGERALD, LEWIS S	
STREET ADDRESS	137 PRESCOTT RD.	
CITY-ST-ZIP	JAFFREY NH	
TITLE	CFO	<input type="checkbox"/> Delete
NAME	MOSTROM, JON	
STREET ADDRESS	14902 HICKORY CT	
CITY-ST-ZIP	EDEN PRARIE MN 55346	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	MOSTROM, MICHELE	
STREET ADDRESS	40 SE 5TH ST.	
CITY-ST-ZIP	BOCA RATON FL 33432	
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"/> 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		
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		

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/01

(561) 392-2550

Daytime Phone #

CR2E034 (10/00)