

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Mar 01, 2000 8:00 am**  
**Secretary of State**

03-01-2000 90009 006 \*\*\*150.00

**DOCUMENT # P93000060420**

1. Entity Name

**NORCOT INC.**

Principal Place of Business

Mailing Address

SW RUIZ TERR  
ST. LUCIE FL 349531632 SW RUIZ TERR  
PORT ST. LUCIE FL 34953-1613  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

65-0430629

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

BRUHN, NORMAN  
4710 NE 8TH TERRACE  
FT. LAUDERDALE FL 33334

7. Name and Address of New Registered Agent

Name Andrew Scott Bruhn

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

1632 SW Ruiz TerrCity Port St Lucie

FL

Zip Code  
34953

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

Andrew Scott Bruhn

Signature, typed or printed name of registered agent and title if applicable

Andrew Scott Bruhn

(NOTE: Registered Agent signature required when reinstating)

Feb 22 2000

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, 2000 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

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BRUHN, NORMAN J</b>	
STREET ADDRESS	<b>4710 NE 8TH TERRACE</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33334</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>BRUHN, SCOTT</b>	
STREET ADDRESS	<b>1632 SW RUIZ TERR</b>	
CITY-ST-ZIP	<b>PORT ST. LUCIE FL 34953</b>	
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 type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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 all other like empowered.

SIGNATURE:

Andrew S Bruhn

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-22-2000

Date

561-201-9364

Daytime Phone #

CR2E034 (9/99)