

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **95000053328**
 1. Entity Name **NORCE BUSINESS CONSULTANTS**

FILED
May 05, 2001 8:00 am
Secretary of State

05-05-2001 90401 001 *****8.75
 05-05-2001 90401 002 ***150.00

Principal Place of Business **FLORIDA** Mailing Address **349 MORNINGSID AVE.
 DAYTONA BEACH, FL
 32118**

41153

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **FLORIDA** 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number **59-3324139** Applied For
 Not Applicable
 5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
DONALD L. PIERINI
NOBEL BUSINESS CONSULTANTS
349 MORNINGSID AVE.
DAYTONA BEACH, FL
32118

7. Name and Address of New Registered Agent
 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

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
 TITLE ☐ Delete
 NAME **PRESIDENT**
 STREET ADDRESS **DONALD L. PIERINI**
 CITY-ST-ZIP **349 MORNINGSID AVE.**
DAYTONA BEACH, FL 32118
 TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
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 TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
 TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 TITLE ☐ Change ☐ Addition
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 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: **Donald L. Pierini** **04-16-01**, **804-248-2028**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/1/00)