

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90129 016 ***150.00

DOCUMENT # P95000076692

1. Entity Name
NORSE STABLE, INC.

Principal Place of Business

**1800 S.W. 3RD STREET
 BARN 3
 POMPANO BEACH FL 33069**

Mailing Address

**1800 S.W. 3RD STREET
 BARN 3
 POMPANO BEACH FL 33069**

00053085

2. Principal Place of Business

16668 Winner Circle Dr

3. Mailing Address

16668 Winner Circle Dr

Suite, Apt. #, etc.

Barn 6

Suite, Apt. #, etc.

Barn 6

City & State

Delray Beach, FL

City & State

Delray Beach, FL

4. FEI Number

65-0633836

Applied For

Not Applicable

Zip

33446

Country

Palm Beach

Zip

33446

Country

Palm Beach

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

SJOLIE, STEIN

1800 S.W. 3RD STREET

BARN 3

POMPANO BEACH FL 33069

Name

Sjolie, Stein

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

16668 Winner Circle Dr

City

Delray Beach

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, Name or Title 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** ☐ Delete
 NAME **SJOLIE, STEIN**
 STREET ADDRESS **1800 S.W. 3RD ST. BARN 3**
 CITY-ST-ZIP **POMPANO BEACH FL**

TITLE **P** ☒ Change ☐ Addition
 NAME **Sjolie, Stein**
 STREET ADDRESS **16668 Winner Circle Dr**
 CITY-ST-ZIP **Delray Beach, FL 33446**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VR** ☐ Change ☒ Addition
 NAME **clausen, Per Arne**
 STREET ADDRESS **1954 setskog**
 CITY-ST-ZIP **Norway**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)