

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000084672

1. Entity Name

NORDVIK CORP.

FILED
Feb 10, 2000 8:00 am
Secretary of State

02-10-2000 90035 026 ***150.00

Principal Place of Business

Mailing Address

2410 HARBOURSIDE DRIVE
UNIT 124
LONGBOAT KEY FL 34228

2410 HARBOURSIDE DRIVE
UNIT 124
LONGBOAT KEY FL 34228-4173

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 65-0622039

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

WATTS, MARIE N
2410 HARBOURSIDE DRIVE
UNIT 124
LONGBOAT KEY FL 34228

Name

~~FLORIDA COMMERCIAL PROPERTIES GROUP INC~~

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

2967 BEE RIDGE ROAD

City

SARASOTA

FL

Zip Code

34239-7113

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS 2410 HARBOURSIDE DRIVE, UNIT 124
CITY-ST-ZIP LONGBOAT KEY FL 34228

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE ☐ Change ☐ Addition
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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:

Marie N. Watts
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)