

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000018940

1. Entity Name

NORDIC GLOBAL, INC.

**FILED**  
**Mar 20, 2000 8:00 am**  
**Secretary of State**

03-20-2000 90126 035 \*\*\*150.00

Principal Place of Business

Mailing Address

~~100 N BISCAYNE BLVD 30TH BLVD~~  
~~MIAMI FL 33132~~

~~100 N BISCAYNE BLVD 30TH BLVD~~  
~~MIAMI FL 33132-2304~~

00040556



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

28000 Spanish Wells Blvd

P.O. Box 219

Suite, Apt. #, etc.

Suite, Apt. #, etc.

200

City & State  
Bonita Springs, FL

City & State  
Bonita Springs, FL

4. FEI Number 65-0647513

Applied For  
Not Applicable

Zip

Country

Zip

Country

34135

34133

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

~~HEYDASCH, AXEL~~

~~100 N BISCAYNE BLVD 30TH BLVD~~

~~MIAMI FL 33132~~

Name James W. Amburn

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

28000 Spanish Wells Blvd. # 200

City Bonita Springs FL Zip Code 34135

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. ☐

**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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PTD<br>KRUSE, DIETER<br>1200 HILLSBORO MILE #1<br>HILLSBORO BEACH FL 33062         | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VSD<br>KRUSE, HOLGER<br><del>12006 COED DRIVE</del><br><del>ORLANDO FL 32826</del> | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
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561 South Main Street #29  
WIKIAH, CA 95482

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 #

01/25/2000 941-992-3395

CR2F034 (9/99)