

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90277 045 ***150.00

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1. Entity Name
NORDIC GLOBAL, INC.



Principal Place of Business
**28000 SPANISH WELLS BLVD
STE 200
BONITA SPRINGS FL 34135**

Mailing Address
**PO BOX 279
BONITA SPRINGS FL 34133**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0647513**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

~~AMBURN, JAMES W
28000 SPANISH WELLS BLVD #200
BONITA SPRINGS FL 34135~~

Name **ALLURE ACCOUNTING, LLC**
Street Address (P.O. Box Number is Not Acceptable)
28000 SPANISH WELLS BLVD
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*
Signature, type or printed name of registered agent and title if applicable.

FRIEDRICH SCHMIDT, MOR.
(NOTE: Registered Agent signature required when reinstating)

04/21/03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003: Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD KRUSE, DIETER 1200 HILLSBORO MILE #1 HILLSBORO BEACH FL 33062	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD KRUSE, HOLGER 561 SOUTH MAIN STREET #29 UKIAH CA 95482	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

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

I certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information in 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **KRUSE**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/20/03 **954 421 4976**
Date Daytime Phone