

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000030071

1. Entity Name
NORGIPS USA, INC.

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90355 041 ***150.00

Principal Place of Business 250 S AUSTRALIAN AVE STE 701 WEST PALM BEACH FL 33401 US	Mailing Address 250 S AUSTRALIAN AVE STE 701 WEST PALM BEACH FL 33401 US
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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 **NOT APPLICABLE**

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

KINGSTON, JOHN F
MORGIPS/USA INC *NORGIPS*
250 S AUSTRALIAN AVE STE 701
WEST PALM BEACH FL 33401

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's 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	CEO	<input type="checkbox"/> Delete
NAME	NILSEN, THOR	
STREET ADDRESS	ANCHERSENS VEI 83 N-3043	
CITY - ST - ZIP	DRAMMEN NO	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	VPD	<input type="checkbox"/> Delete
NAME	FAHRE, HENNING	
STREET ADDRESS	JUTULVEIEN 23 D	
CITY - ST - ZIP	3042 DRAMMEN NO	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	ST	<input type="checkbox"/> Delete
NAME	JORGEN HOY, HANS	
STREET ADDRESS	SVALEVELEN 17	
CITY - ST - ZIP	3030 DRAMMEN NO	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	P	<input type="checkbox"/> Delete
NAME	KINGSTON, JOHN F	
STREET ADDRESS	13165 DOUBLTREE CIRCLE	
CITY - ST - ZIP	WELLINGTON FL 33414	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *John F Kingston*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/01

561-651-7617

Date

Daytime Phone #

CR2E034 (10/00)