

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State
 04-18-2002 90432 029 ***150.00

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DOCUMENT # P97000081271

1. Entity Name
GREEN REEFERS (USA), INC.

Principal Place of Business
677 GEORGE KING BLVD
116
CAPE CANAVERAL FL 32920

Mailing Address
P.O. BOX 354
CAPE CANAVERAL FL 32920



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip

3. Mailing Address
677 George King Blvd
 Suite, Apt. #, etc.
#116
 City & State
Cape Canaveral FL
 Zip
32920
 Country
USA

4. FEI Number **59-3468944**
 Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

HINDS, RHONDA E.
300 MAGNOLIA AVENUE, SUITE A
MERRITT ISLAND FL 32952

7. Name and Address of New Registered Agent

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 _____ (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, 2002 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

TITLE	D	<input type="checkbox"/> Delete
NAME	HAUGE, ODO ARNE	
STREET ADDRESS	PO BOX 145, NORTH 5032 MINDE	
CITY-ST-ZIP	NORWAY	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MONSEN, ROBERT	
STREET ADDRESS	P.O. BOX 145, N-5032 MINDE	
CITY-ST-ZIP	NORWAY	
TITLE	D	<input type="checkbox"/> Delete
NAME	JACOBSEN, TRYM	
STREET ADDRESS	P.O. BOX 145, N-5032 MINDE	
CITY-ST-ZIP	NORWAY	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THULIN, ERIK	
STREET ADDRESS	P.O. BOX 145; N-5144 MINDE, NORWAY	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

SIGNATURE REQUIRED TRYM JACOBSEN
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 4, 2002
 Date

Daytime Phone #

CR2E034 (9/01)