

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90432 029 ***150.00

016456 AV

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



2. Principal Place of Business

3. Mailing Address

677 George King Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.
#116

DO NOT WRITE IN THIS SPACE

City & State

City & State
Cape Canaveral FL

4. FEI Number **59-3468944**

Applied For
 Not Applicable

Zip

Country

Zip
32920

Country
USA

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

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	

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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D
STREET ADDRESS	THULIN, ERIK
CITY-ST-ZIP	P:O.BOX 145; N-5144 MINDE, NORWAY
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 REQUIREMENT
TRYM JACOBSEN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 4, 2002
Date

Daytime Phone #

CR2E034 (9/01)