

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000096899

1. Entity Name

NORDBETON NORTH AMERICA, INC.

FILED

Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90028 012 ***150.00

Principal Place of Business

Mailing Address

1470 KASTNER PLACE
SUITE 108
SANFORD FL 32777
US

P.O. BOX 470858
LAKE MONROE FL 32747-0858
US

2. Principal Place of Business

110 EASTERN FORK

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LONGWOOD FL

City & State

4. FEI Number

59-3480577

Applied For

Not Applicable

Zip

32750

Country

SEMINOLE

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

LANE, PAUL C
5301 CONRDY RD., SUITE 140
ORLANDO FL 32811

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 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, 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
NAME
STREET ADDRESS
CITY - ST - ZIP
D
PLOTNER, JORG
SPIELLEUTESTRASSE 11, D-28717 BREMEN
GERMANY ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
CARROLL, LARRY
110 E. FORK
LONGWOOD FL 32750 ☐ Delete

TITLE
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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 #

LAWRENCE W. CARROLL

PRESIDENT

2/22/00

407-322-8122

CR2E034 (9/99)