

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 31, 2001 8:00 am
Secretary of State

08-31-2001 90114 001 ***550.00

0118663 AT

DOCUMENT # P98000023338

1. Entity Name
STAVANGER, INC.

Principal Place of Business
8 TOURNAMENT WAY
PALM BEACH GARDENS FL 33418

Mailing Address
P.O. BOX 10057
RIVIERA BEACH FL 33419



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0819919**

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

W
ROSSON, GERALD Z
4400 PGA BLVD., #700
PALM BEACH GARDENS FL 33410

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 **P**
 NAME **GAILLARD, EDITH P**
 STREET ADDRESS **8 TOURNAMENT WAY**
 CITY-ST-ZIP **PALM BEACH GARDENS FL 33418**

☐ Delete

TITLE **VP**
 NAME **DOYLE, C. MARK**
 STREET ADDRESS **1113 ISLAND ROAD**
 CITY-ST-ZIP **RIVIERA BEACH FL 33404**

☐ Delete

TITLE
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 CITY-ST-ZIP

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TITLE **SECRETARY**
 NAME **ROBERT N. NAVERSON**
 STREET ADDRESS **2626 B LAKE DRIVE**
 CITY-ST-ZIP **RIVIERA BCH FL 33404**

☐ Change ☒ Addition

TITLE
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 STREET ADDRESS
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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:

ROBERT N. NAVERSON
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT N. NAVERSON 5616351666
8/31/01
 Daytime Phone #

CR2E034 (5/01)