

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

7/21/2005-90027-031-\$150.00-\$150.00

PS 182

DOCUMENT # P98000107086

1. Entity Name

NORIK B. CORP.



FILED  
05 AUG 31 PM 12:47

SEAL OF THE STATE OF FLORIDA



1st MOORE 59-3555413 AUG 21 2005

Principal Place of Business

2104 LIME TREE DR  
EDGEWATER FL 32141

Mailing Address

P.O. BOX 1117  
EDGEWATER FL 32132

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

59-3555413

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BAGDASARIAN, NORIK  
2104 LIME TREE DR.  
EDGEWATER FL 32141

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PST ☐ Delete  
NAME BAGDASARIAN, NORIK  
STREET ADDRESS PO BOX 1117  
CITY-STATE-ZIP EDgewater FL 32132

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

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TITLE ☐ Delete  
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STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition  
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CITY-STATE-ZIP

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CITY-STATE-ZIP

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STREET ADDRESS  
CITY-STATE-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Norik Bagdasarian*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-17-05 386 423 8140

Date

Daytime Phone #

P3 272

# Weight - Check

Service and sales of precision scales and balances.  
*Serving Since 1973*

P.O. Box 1117 • Edgewater, Fl. 32132  
Dept. of Agriculture (DOA) Certification No. 382

Phone 1-800-923-8140  
386-423-8140  
Fax 386-423-8368

Monday, August 29, 2005

Florida Dept. Of State.  
Division Of Corporations.  
P.O. Box 6327.  
Tallahassee, FL 32314.

To Whom It May Concern,

Dear Sir/Madam.

As per our phone conversation of today In regards to reference no. P98000107086.

I have not received original Annual Report Form. I do apologize for it, I know I should have been more careful.

As a very small company (One man shop). I would rally appreciate if you could waver 400. For me.

I do thank you in advance.

Please do not hesitate to contact me if you have any questions or comments. I hope every thing is going well for you and remain with personal regards

Respectfully Submitted



Norik  
Weight-Check.



FLORIDA DEPARTMENT OF STATE

**Glenda E. Hood**

Secretary of State

July 25, 2005

**NORIK B. CORP.**  
**P.O. BOX 1117**  
**EDGEWATER, FL 32132**

Subject: **NORIK B. CORP.**

Reference Number: **P98000107086**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The fee to file the profit annual report/uniform business report is \$150.00 plus \$400.00 late fee for a total of \$550.00. If a certificate of status is desired, please add an additional \$8.75.

There is a balance due of \$400.00.

The only provision the Division of Corporations has for waiver of the \$400.00 late fee is if the annual report notice was not received. A letter stating this fact must accompany the completed annual report.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/LS  
ANNUAL REPORTS SECTION

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314