

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S06976

1. Entity Name

NORTRO SERVICES, INC.

**FILED**  
May 08, 2000 8:00 am  
Secretary of State

05-08-2000 90150 041 \*\*\*158.75

Principal Place of Business

Mailing Address

6201 43 TERR N  
KENNETH CITY FL 33709

6201 43 TERR N  
KENNETH CITY FL 33709-5021

2. Principal Place of Business

3. Mailing Address

2615 NW 9TH TERR  
Suite, Apt. #, etc.

2615 NW 9TH TERRACE  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

WILTON MANORS, FL

City & State

WILTON MANORS, FL

4. FEI Number

59-3038564

Applied For

Not Applicable

Zip

Country

33311

USA

Zip

Country

33311

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

DAFONTE, RICHARD J.  
1000 BELCHER SOUTH, UNIT 2  
SUITE 200  
LARGO FL 34641

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 PD ☐ Delete  
NAME ROBINSON, TROY J.  
STREET ADDRESS 530 50TH STREET N  
CITY-ST-ZIP ST PETERSBURG FL

TITLE PD ☒ Change ☐ Addition  
NAME ROBINSON, TROY J.  
STREET ADDRESS 2615 NW 9TH TERRACE  
CITY-ST-ZIP WILTON MANORS FL 33311

TITLE VPT ☐ Delete  
NAME WILDHAGEN, NORRIS L.  
STREET ADDRESS 6201 43RD TERRACE N.  
CITY-ST-ZIP KENNETH CITY FL

TITLE VPT ☒ Change ☐ Addition  
NAME WILDHAGEN, NORRIS L.  
STREET ADDRESS 2615 NW 9TH TERRACE  
CITY-ST-ZIP WILTON MANORS FL 33311

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*NORRIS L. WILDHAGEN*

4-25-00

954 565 7484

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)