

# 2000 UNIFORM BUSINESS REPORT (UBR)

5/

**FILED**  
**Jun 27, 2000 8:00 am**  
**Secretary of State**

05-31-2000 90047 012 \*\*\*150.00

**DOCUMENT # S84585**

1. Entity Name

**NORGREN AVIATION JET, INC.**

**R**

Principal Place of Business

9910 S.W. 8TH ST.  
 PEMBROKE PINES FL 33025

Mailing Address

9910 S.W. 8TH ST.  
 PEMBROKE PINES FL 33025

2. Principal Place of Business

**100 McFAUL WAY**

Suite, Apt. #, etc.

**G-1**

City & State

**ZEPHYR COVE, N.Y.**

Zip

**89448**

Country

**USA**

3. Mailing Address

**P.O. Box 11074**

Suite, Apt. #, etc.

City & State

**Zephyr Cove**

Zip

**89448**

Country

**USA**

DO NOT WRITE IN THIS SPACE

4. FEI Number

**65-0289563**

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**NORGREN, RICHARD**

~~9910 S.W. 8TH ST. PEMBROKE PINES FL 33025~~  
**1420 S.W. 159TH AVE. P.O. Box 11074**  
**Pembroke Pines, FL 33027**

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.

SIGNATURE

*Richard B. Joy*

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

(NOTE: Registered Agent signature required when reinstating)

**May 16, 2000**

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

TITLE	PST	<input type="checkbox"/> Delete
NAME	NORGREN, RICHARD	
STREET ADDRESS	9910 S.W. 8TH ST 100 McFAUL WAY Suite 6-	
CITY-ST-ZIP	PEMBROKE PINES FL P.O. Box 11074, Zephyr Cove, N.Y. 89448	
TITLE	D	<input type="checkbox"/> Delete
NAME	NORGREN, RICHARD	
STREET ADDRESS	9910 S.W. 8TH ST 100 McFAUL WAY Suite 6-	
CITY-ST-ZIP	PEMBROKE PINES FL P.O. Box 11074, Zephyr Cove, N.Y. 89448	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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STREET ADDRESS		
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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:

*Richard B. Joy*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**May 16, 2000 775-588-1597**

Daytime Phone #

CR2E034 (9/99)