

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90067 021 ***150.00

DOCUMENT # 602017
 1. Entity Name
ALLEN, NORTON & BLUE, P.A.

| | |
|---|--|
| Principal Place of Business 121 MAJORCA CORAL GABLES FL 33134 | Mailing Address 121 MAJORCA CORAL GABLES FL 33134-4508 |
|---|--|

| | |
|---|---|
| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
| City & State | City & State |



DO NOT WRITE IN THIS SPACE

| | | | | | |
|-----|---------|-----|---------|------------------------------------|--|
| Zip | Country | Zip | Country | 4. FEI Number 59-1287650 | Applied For <input type="checkbox"/> Not Applicable |
|-----|---------|-----|---------|------------------------------------|--|

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
NORTON, ROBERT L.
121 MAJORCA
CORAL GABLES FL 33134

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP | DTS <input type="checkbox"/> Delete NORTON, ROBERT L. 121 MAJORCA CORAL GABLES, FL 00000 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP <input type="checkbox"/> Delete ALLEN, REYNOLDS 121 MAJORCA CORAL GABLES, FL 00000 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DV <input type="checkbox"/> Delete BLUE, JAMES M. 121 MAJORCA CORAL GABLES, FL 00000 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DV <input type="checkbox"/> Delete NORTON, SUSAN P 121 MAJORCA CORAL GABLES FL 33134 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DV <input type="checkbox"/> Delete LEVITT, MARK E 121 MAJORCA CORAL GABLES FL 33134 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DV <input type="checkbox"/> Delete HELSEBY, WAYNE L 121 MAJORCA CORAL GABLES FL 33134 |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: _____ **2/24/00** **305-445-7801**
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
ROBERT L. NORTON

CR2E034 (9/99)