

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 12, 2001 08:00 AM**
Secretary of State**DOCUMENT # F83081**1. Entity Name
NORCONN ENTERPRISES OF CLEARWATER, INC.

Principal Place of Business	Mailing Address
1524 PRICE CIR P. O. BOX 5072 CLEARWATER FL 33764	1524 PRICE CIR P. O. BOX 5072 CLEARWATER US 33758

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

59-2209540

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentSKIDD, SUSAN C
1524 PRICE CICLEARWATER
34624

US

FL

7. Name and Address of New Registered Agent

Name

SKIDD, SUSAN C

Street Address (P.O. Box Number is Not Acceptable)
1524 PRICE CICity
CLEARWATER

FL

Zip Code
33764

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)

03/12/2001

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, 2001 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	T	☐ Delete
NAME	SKIDD, MICHAEL R	
STREET ADDRESS	1524 PRICE CIR	
CITY-ST-ZIP	CLEARWATER FL	

TITLE	T	☒ Change ☐ Addition
NAME	SKIDD, MICHAEL R	
STREET ADDRESS	1524 PRICE CIR	
CITY-ST-ZIP	CLEARWATER FL 33764	

TITLE	V	☐ Delete
NAME	SKIDD, DAVID JR.	
STREET ADDRESS	1524 PRICE CIR.	
CITY-ST-ZIP	CLEARWATER FL	

TITLE	V	☒ Change ☐ Addition
NAME	SKIDD, DAVID JR.	
STREET ADDRESS	12313 TWIN BRANCH ACRES RD.	
CITY-ST-ZIP	TAMPA FL 33626	

TITLE	P	☐ Delete
NAME	SKIDD, DAVID W	
STREET ADDRESS	1524 PRICE CIR	
CITY-ST-ZIP	CLEARWATER, FL 00000	

TITLE	P	☒ Change ☐ Addition
NAME	SKIDD, DAVID W	
STREET ADDRESS	1524 PRICE CIR	
CITY-ST-ZIP	CLEARWATER FL 33764	

TITLE	S	☐ Delete
NAME	SKIDD, SUSAN C	
STREET ADDRESS	1524 PRICE CIR	
CITY-ST-ZIP	CLEARWATER, FL 00000	

TITLE	S	☒ Change ☐ Addition
NAME	SKIDD, SUSAN C	
STREET ADDRESS	1524 PRICE CIR	
CITY-ST-ZIP	CLEARWATER FL 33764	

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: Susan C. Skidd

S

03/12/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)