

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000022873

1. Entity Name

NORJA CORPORATION

FILED
Aug 28, 2000 8:00 am
Secretary of State

08-28-2000 90032 008 ***150.00

Principal Place of Business Mailing Address
7510 Maryland Avenue 7510 Maryland Avenue
Hudson, FL 34667 Hudson, FL 34667

D0081393

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
59-3252756

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 Agent

Sacco, Norma E
7510 Maryland Avenue
Hudson, FL 34667

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

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: ☐

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	D	<input type="checkbox"/> Delete
NAME	Sacco, Norma	
STREET ADDRESS	7510 Maryland Avenue	
CITY-ST-ZIP	Hudson, FL 34667	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	Sacco, James L	
STREET ADDRESS	7510 Maryland Avenue	
CITY-ST-ZIP	Hudson, FL 34667	
TITLE	D	<input type="checkbox"/> Delete
NAME	Sacco, Rose M	
STREET ADDRESS	7510 Maryland Avenue	
CITY-ST-ZIP	Hudson, FL 34667	
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		
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:

Norma E. Sacco
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)

Attachment
D#0941000032815
0081393

August 8, 2000

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Dear Sir,

The original 2000 Uniform Business Report was not received. When we became aware of the oversight, we acted immediately. Please waive the late filing fee. Thanking you in advance for the time spent on this matter.

Sincerely,

Greg M. Shamaker Sacco