

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2003 8:00 am
Secretary of State

04-29-2003 90060 004 ***150.00

DOCUMENT # 297441

1. Entity Name
NORMAN INDUSTRIES, INC.



Principal Place of Business
**1318 10TH ST.
SARASOTA FLA 34236**

Mailing Address
**6407 26TH ST W
BRADENTON FL 34207
US**

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 **59-1117253**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**NORMAN, FRANK G
6407 26TH ST W
BRADENTON FL 34207-5167**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Frank G Norman*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> Delete
NAME	ROGERS, WILLIAM ELBERT	
STREET ADDRESS	2424 CLEVELAND HTS BLVD	
CITY-ST-ZIP	LAKELAND, FLORIDA 00000	
TITLE	PD	<input type="checkbox"/> Delete
NAME	NORMAN, FRANK G	
STREET ADDRESS	6407 26TH ST W	
CITY-ST-ZIP	BRADENTON FL 34207	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	NORMAN, SARAH M	
STREET ADDRESS	6407 26TH ST W	
CITY-ST-ZIP	BRADENTON FL 34207	
TITLE	STD	<input type="checkbox"/> Delete
NAME	NORMAN, RUSCEEN	
STREET ADDRESS	6416 26TH STREET WEST	
CITY-ST-ZIP	BRADENTON FL 34207	
TITLE	D	<input type="checkbox"/> Delete
NAME	RELEFORD, CARISSA	
STREET ADDRESS	103 GUILL COURT	
CITY-ST-ZIP	NASHVILLE TN 37214	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. 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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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Frank G Norman* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-03 941/755-5861

Date Daytime Phone #

CR2E034 (10/02)