

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 459337

1. Entity Name

NORSCO INVESTMENTS, INC.

FILED
Jul 19, 2000 8:00 am
Secretary of State

07-19-2000 90150 031 ***558.75



DO NOT WRITE IN THIS SPACE

| | |
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| Principal Place of Business 10099 PARADISE BLVD TREASURE ISLAND FL 33706 US | Mailing Address 10099 PARADISE BLVD TREASURE ISLAND FL 33706 US |
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|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |

| | |
|-----------------------------|-------------------------------|
| 4. FEI Number 59-1542799 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

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|--|--------------------------------|
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent GARBUTT, GEORGE W. 10099 PARADISE BOULEVARD TREASURE ISLAND FL 33706 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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.

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

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| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/> | FILE NOW!!! FEE IS \$550.00 After SEPTEMBER 13, 2000 Min. will be \$750.00 Make Check Payable to Department of State | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSTD GARBUTT, GEORGE W 10099 PARADISE BLVD TREASURE ISLAND, FL00000 33706 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | FAY Mc KEAN - V.P. Change <input checked="" type="checkbox"/> Addition 38102 Sunset ave. Dade City Fla - 33525-54 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD GARBUTT, JOAN 10099 PARADISE BLVD. TREASURE ISLAND FL 33706 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | KATHINE D RITTER VP Change <input checked="" type="checkbox"/> Addition 119-108th ave Suite 181 Treasure Island Fla 33706 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | FRANK COZZE VP Change <input checked="" type="checkbox"/> Addition 5031-2nd AVE - ST Petersburg Fla - 33 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | 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"/> Delete | 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"/> Delete | 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.

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| SIGNATURE: <i>George W. Garbutt</i> | 7/10/2000 | 360-5324 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone # |