

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2002 8:00 am
Secretary of State

03-14-2002 90303 032 ***158.75

DOCUMENT # 459337

1. Entity Name

NORSCO INVESTMENTS, INC.

Principal Place of Business

**10099 PARADISE BLVD
 TREASURE ISLAND FL 33706
 US**

Mailing Address

**10099 PARADISE BLVD
 TREASURE ISLAND FL 33706
 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

59-1542799

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WILLIAMS, JEANNETTE M
 10099 PARADISE BOULEVARD
 119 108 AVE STE 181
 TREASURE ISLAND FL 33706**

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

Jeannette M. Williams

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. (See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 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	P	<input type="checkbox"/> Delete
NAME	WILLIAMS, JEANNETTE M	
STREET ADDRESS	188 MISTY HOLLOW WAY	
CITY-ST-ZIP	WOODSTOCK GA 30188	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	GARBUTT, JOAN	
STREET ADDRESS	10099 PARADISE BLVD.	
CITY-ST-ZIP	TREASURE ISLAND FL 33708	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	MCKEAN, FAY	
STREET ADDRESS	38102 SUNSET AVE	
CITY-ST-ZIP	DADE CITY FL 33525	
TITLE	VP	<input type="checkbox"/> Delete
NAME	RITTER, KATHINE D	
STREET ADDRESS	119-108TH AVE STE 181	
CITY-ST-ZIP	TREASURE ISLAND FL 33708	
TITLE	VP	<input type="checkbox"/> Delete
NAME	COZZE, FRANK	
STREET ADDRESS	5031-2 AVE N	
CITY-ST-ZIP	ST PETERBURG FL	
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SVP. GEORGE W. GARBUTT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	10099 - PARADISE BLVD	
STREET ADDRESS	TREASURE ISLAND FL 33706	
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:

Jeannette M. Williams

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-3-02

CR2E034 (9/01)