

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90202 030 ***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**

☐ CHECK HERE IF MAKING CHANGES

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

SIGNATURE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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 33706	
TITLE	SVP	<input checked="" type="checkbox"/> Delete
NAME	GARBUTT, GEORGE W	
STREET ADDRESS	10099 PARADISE BLVD	
CITY-ST-ZIP	TREASURE ISLAND FL 33706	
TITLE	VP	<input type="checkbox"/> Delete
NAME	RITTER, KATHINE D	
STREET ADDRESS	119-108TH AVE STE 181	
CITY-ST-ZIP	TREASURE ISLAND FL 33706	
TITLE	VP	<input checked="" 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		

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	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEORGE GARBUTT	
STREET ADDRESS	3159 - 138TH Place N.	
CITY-ST-ZIP	LARGO - FL - 34641	
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		

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:

Jeannette M. Williams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)