## **2002 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOCUMENT # 696103  1. Entity Name NORTON ENGINEERING CONTRACTORS, INC.						Secretary of State 01-31-2002 90063 028 ***150.00				
Principal Place of Business,  ROUTE 1, BOX 500 OLD MATEO RD.  PO BOX 220  SAN MATEO FL 32187  US		Mailing Address  ROUTE 1. BOX 500 OLD MATEO RD.  PO BOX 220  SAN MATEO FL 32187  US				BUUL43/3				
	NATEO RD. #22	3. Mailing Address P.O. BOX 220 Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
	TEO, FL.	City & State SAN MATEO, FL. Zip Country				FEI Number 59-2120597	69.7	Not	plied For Applicable	
Zip 32187	7	32187	Codi	iti y	5.	Certificate of Status Desired ·		5 Addi: equired		
6. Name and Address of Current Registered Agent  CUNNINGHAM, DELE E  ROUTE 1, BOX 500 OLD SAN MATEO RD.  SAN MATEO FL 32187				Street Add	E E. Cl dress (P.O. SAN M.	7. Name and Address of New Registered Agent  E. CUNNINGHAM  ass (P.O. Box Number is Not Acceptable)  SAN MATEO RD. #22  MATEO, FL. 32187  FL. Zip Code				
SIGNATURE .  9. This corporate filing a	Signature, typed or printed name of registered agent a praction is eligible to satisfy its Intangible requirement and elects to do so.	ing ham	Registere	d Agent signature IS \$150.00 will be \$55	required when		DATE //		) May Be to Fees	
11.	OFFICERS AND (	DIRECTORS	12.		Al	L DDITIONS/CHANGES TO OFFICE	ERS AND DIRE	CTORS	IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CUNNINGHAM, JANET R ROUTE 1, BOX 500 SAN MATEO FL	☐ Delete				SAN MATEO RD. #2		iange	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CUNNINGHAM, ROBERT D ROUTE 1, BOX 500 SAN MATEO FL	☐ Delete			52 <b>1</b>	SAN MATEO RD. #32 MATEO, FL. 32187	<b>⊠</b> ] CI	nange	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CUNNINGHAM, DALE E RT 1, BOX 500 SAN MATEO FL	☐ Delete				SAN MATEO RD. #22 MATEO, FL. 32187		iange	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	, , , , , , , , , , , , , , , , , , ,	☐ Delete	4	- 1			□ CI	iange	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		- 1			□ Cr	ange	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					□ Cr	iange	Addition	
indicated of the cor	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empor or on an attachment with an address, w	true and accurate and that mered to execute this report a	ny signat as requi	ture shall hav	re the same er 607, Flor	legal effect as if made under oat	h; that I am an	officer o	or director Block 12 if	

Date

Daytime Phone #