

2002 UNIFORM BUSINESS REPORT (UBR)

U14300 AT

DOCUMENT # **A99000001970**

1. Entity Name

THE NORTON INVESTMENT & MANAGEMENT GROUP, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 JAN 22 PM 1:42

Principal Place of Business

**1214 BRIGHTON WAY
LAKELAND FL 33813**

Mailing Address

**1214 BRIGHTON WAY
LAKELAND FL 33813**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

City & State

4. FEI Number

59-3609743

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**NORTON, KELLY E
1214 BRIGHTON WAY
LAKELAND FL 33813**

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.

SIGNATURE

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

DATE

9. Capital Contributions
as Shown on record.

\$2,790,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**NORTON, KELLY E
1214 BRIGHTON WAY
LAKELAND FL 33813**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**NORTON, DONNA W
1214 BRIGHTON WAY
LAKELAND FL 33813**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**800004794858--5
-01/24/02--01078--021
****526.25 ****526.25**

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver, or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

Kelly E Norton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1-14-02 (863) 644-1784

Date Daytime Phone #

CR2E003 (9/01)