

F110000004802

(Requestor's Name)

(Address)

(Address)

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(Business Entity Name)

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Amend/affidavit
to chs o/d
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Norman, Hubbard and Associates, INC.
Name of Corporation

DOCUMENT NUMBER: F11000004802

The enclosed *Affidavit by Foreign Corporation to Change/Add Officer(s) and/or Director(s)* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Hewes James Norman
Name of Contact Person

Norman, Hubbard and Associates, INC.
Firm/Company

11 Holland Ave
Address

White Plains NY 10603
City/State and Zip Code

President@normanhubbard.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

11 James Norman at (914) 997 1484
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for the following amount:

☐ \$35.00 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☒ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☐ \$52.50 Filing Fee,
Certificate of Status &
Certified Copy
(Additional copy is
enclosed)

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**AFFIDAVIT BY FOREIGN CORPORATION TO CHANGE/ADD OFFICER(S)
AND/OR DIRECTOR(S)**

(Note: Applicable only during the first calendar year of qualification)

1. The name of the foreign corporation as it appears on the records of the Florida Department of State is:
Norman, Hubbard and Associates, INC
2. This entity was authorized to transact business in Florida on Nov 28, 2011 and its Florida document number is F11000004802
3. This corporation was formed under the laws of New York
4. The name and address of each officer and/or director is as follows:

Title:

President

Name and Address

HOME ADDRESS { Hewes James Norman
44 BRAE BURN DR
PURCHASE, NY 10577

(Attach additional pages if necessary)

Hewes James Norman
Signature of an officer or director

Hewes James Norman
Typed or printed name of person signing

President
Title of person signing

FILING FEE \$35

Make checks payable to Florida Department of State and Mail to:
Division of Corporations • PO Box 6327 • Tallahassee, FL 32314