

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****May 01, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # F94000005519**1. Entity Name  
NORMAN L. NORRIS P.C.Principal Place of Business  
BOX 29 HOLLOW ROAD  
BOX 29 HOLLOW ROAD  
BIRCHRUNVILLE PA 19421 US  
Mailing Address  
BOX 29 HOLLOW ROAD  
BIRCHRUNVILLE PA 19421 US2. Principal Place of Business  
BOX 29 HOLLOW ROAD

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
BIRCHRUNVILLE PA

City &amp; State

4. FEI Number  
22-2109453Applied For  
Not ApplicableZip  
19421 Country  
USZip  
Country5. 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

NORRIS NORMAN L.P.C.  
26079 FAWNWOOD COURTName  
NORRIS NORMAN LStreet Address (P.O. Box Number is Not Acceptable)  
26079 FAWNWOOD COURTBONITA SPRINGS FL  
34134City  
BONITA SPRINGS FL Zip Code  
34134

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 **NORMAN L. NORRIS**

05/01/2001

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, 2001 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

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME VSD ☐ Delete  
STREET ADDRESS NORRIS NANCY T  
CITY-ST-ZIP 26079 FAWNWOOD COURT  
BONITA SPRINGS FL 34134TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME CP ☐ Delete  
STREET ADDRESS NORRIS NORMAN L.P.C.  
CITY-ST-ZIP 26079N FAWNWOOD COURT  
BONITA SPRINGS FL 34134TITLE  
NAME CP ☒ Change ☐ Addition  
STREET ADDRESS NORRIS NORMAN L  
CITY-ST-ZIP 26079 FAWNWOOD COURT  
BONITA SPRINGS FL 34134TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
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: **NORMAN L. NORRIS**

CP

05/01/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)