

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2003 8:00 am
Secretary of State

04-28-2003 90503 021 ***150.00

DOCUMENT # F94000005519

1. Entity Name
NORMAN L. NORRIS P.C.



Principal Place of Business
**BOX 29 HOLLOW ROAD
BIRCHRUNVILLE PA 19421
US**

Mailing Address
**BOX 29 HOLLOW ROAD
BIRCHRUNVILLE PA 19421
US**

55042353



2. Principal Place of Business
26079 FAWNWOOD COURT
Suite, Apt. #, etc.

3. Mailing Address
26079 FAWNWOOD COURT
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
BONITA SPRINGS FL
Zip
34134 Country

City & State
BONITA SPRINGS FL
Zip
34134 Country

4. FEI Number
23 22109453

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**NORRIS, NORMAN L
26079 FAWNWOOD COURT
BONITA SPRINGS FL 34134**

7. Name and Address of New Registered Agent

Name **NANCY NORRIS**
Street Address (P.O. Box Number is Not Acceptable)
26079 FAWNWOOD COURT
City **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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Nancy J. Norris* 5/17/03
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

TITLE	CP	<input type="checkbox"/> Delete
NAME	NORRIS, NORMAN L	
STREET ADDRESS	26079 FAWNWOOD COURT	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	NORRIS, NANCY T	
STREET ADDRESS	26079 FAWNWOOD COURT	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (10/02)

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: *NANCY NORRIS* 5/20/03 239-949-2113
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #