

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # G93360**Entity Name
NORMAN GROUP, INC.**FILED**
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90094 043 ***150.00

0054068
AVPrincipal Place of Business
15 BAYSHORE DR
301
PENSACOLA FL 32507
Mailing Address
615 BAYSHORE DR
301
PENSACOLA FL 32507Principal Place of Business
3. Mailing AddressSuite, Apt. #, etc.
Suite, Apt. #, etc.City & State
City & State4. FEI Number
59-2411567Applied For
Not ApplicableZip
Country
Zip
Country5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****NORMAN, SUSAN S.**
615 BAYSHORE DR
301
PENSACOLA FL 32507**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

1. 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.

(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, 2002 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
NORMAN, SUSAN S.
615 BAYSHORE DR # 301
PENSACOLA FL 32507
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
NORMAN, JAMES E
1000 WILSON BLVD
ARLINGTON VA 22229
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
GRIFFITHS, BRENDA N
3330 NORTH LAKE PARKWAY
ATLANTA GA 30345
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BOLINGER, SUSAN E
147 WRIGHT ST
CONCORD MA 01742
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
NORMAN, GEOFFREY W
P O BOX 358 N/A
DORSET VT 05251
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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: x **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-2002

Date

850-458-1434

Daytime Phone #

CR2E034 (9/01)