

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H02972

1. Entity Name

NORWOOD LEASING, INC.

**FILED**  
**Feb 20, 2000 8:00 am**  
**Secretary of State**

02-20-2000 90031 007 \*\*\*150.00

Principal Place of Business

Mailing Address

C/O WILLIAM J. NORWOOD  
138 LAKESHORE DRIVE, NORTH  
PALM HARBOR FL 34684-1217

C/O WILLIAM J. NORWOOD  
138 LAKESHORE DRIVE, NORTH  
PALM HARBOR FL 34653-6454

2. Principal Place of Business

3. Mailing Address

C/O William J. Norwood

C/O William J. Norwood

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4144 RACCOON LOOP

4144 RACCOON LOOP.

City & State

City & State

NEW PORT RICHEY FL.

NEW PORT RICHEY FL.

Zip

Country

Zip

Country

34653

USA

34653

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NORWOOD, WILLIAM J.  
138 LAKESHORE DRIVE, NORTH  
PALM HARBOR FL 33563

Address  
CHANGE ONLY

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

*William J. Norwood*

2/5/2000

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, 2000 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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ST<br>NORWOOD, KAREN M.<br>138 LAKESHORE DR. N.<br>PALM HARBOR FL  | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>NORWOOD, WILLIAM J.<br>138 LAKESHORE DR. N.<br>PALM HARBOR FL | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete |

|  |   |  |
|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ST<br>Norwood Karen M.<br>4144 RACCOON LOOP<br>New Port Richey FL.        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>Norwood William J.<br>4144 RACCOON LOOP<br>New Port Richey FL. 34653 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> 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:

*William J. Norwood*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/2000

Date

727-937-8475

Daytime Phone #

CR2E034 (9/99)