

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H02972

1. Entity Name
NORWOOD LEASING, INC.

FILED
Jan 24, 2001 8:00 am
Secretary of State

01-24-2001 90023 031 ***150.00

Principal Place of Business C/O WILLIAM J. NORWOOD 4144 RACCOON LOOP NEW PORT RICHEY FL 34653	Mailing Address C/O WILLIAM J. NORWOOD 4144 RACCOON LOOP NEW PORT RICHEY FL 34653
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2. Principal Place of Business 7109 ELIZABETH AVE. Suite, Apt. #, etc.	3. Mailing Address 13119 TOP FLITE CT. Suite, Apt. #, etc.
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City & State Hudson Florida	City & State Hudson Florida
Zip 34667	Zip 34669
Country FL	Country FL

4. FEI Number 59-2414392	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent NORWOOD, WILLIAM J. 4144 RACCOON LOOP NEW PORT RICHEY FL 34653	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 <i>William J. Norwood</i> <i>William J. Norwood</i> <i>1/13/01</i> 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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST NORWOOD, KAREN M. 4144 RACCOON LOOP NEW PORT RICHEY FL 34653 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Norwood Karen M. 13119 TOP FLITE CT. Hudson FL 34669 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NORWOOD, WILLIAM J. 4144 RACCOON LOOP NEW PORT RICHEY FL 34653 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Norwood William J. 13119 TOP FLITE CT. Hudson FL 34669 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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: <i>William J. Norwood</i> <i>William J. Norwood</i> <i>1/13/01</i> <i>767-937-8475</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
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CR2E034 (10/00)