FILED
Jun 05, 2003 8:00 am
Secretary of State
06-05-2003 90131 020 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H29969

1. Entity Name
NORTON COMPRESSOR SERVICE, INC.

90138611

Principal Place of Business	Mailing Address
1476 KENOA CIRCLE 59 WESTFIELD LANE ORMOND BEACH, FL 32174 US	1476 KENOA CIRCLE 59 WESTFIELD LANE ORMOND BEACH, FL 32174 US

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
		1 PENNDALE PLACE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State PALM COAST	
Zip	Country	Zip 32164	Country USA

4. FEI Number 59-2464417 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

NORTON, DESMOND F
1476 KENOA CIRCLE
ORMOND BEACH, FL 32174

7. Name and Address of New Registered Agent

Name DESMOND F NORTON
Street Address (P.O. Box Number is Not Acceptable)
1 PENNDALE PL
City PALM COAST FL Zip Code 32164

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 [signature] 6/01/03
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	NORTON, DESMOND F		NAME		
STREET ADDRESS	1 PENNDALE PL		STREET ADDRESS		
CITY-ST-ZIP	PALM COAST, FL 32137		CITY-ST-ZIP		
TITLE	VPTS	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	NORTON, JOHN V		NAME		
STREET ADDRESS	3944 CREE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	ORMOND BEACH, FL 32174		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: [signature] 6/01/03 386-445-9173
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment

Norton Comp. Service Inc.
1 Penndale Pl.
Palm Coast, FL 32164

90138611
~~# #29969~~
6/1/03

FLORIDA Dept of State
Tallahassee, FL 32314

Dear Sir/madam,

I did not recieve this years bill. I trust that our past promptness hopefully attests the veracity of my statement. In future I will make all subsequent payments via the internet so as to ensure the deadlines. As a suggestion that in subsequent mailings there be included a telephone # because without, how would one go about tracking down the right form and office to report that they did not recieve the bill?

I did ascertain a number from the internet, which I promptly called and followed his instructions to print the form off of the internet and

Sincerely
Desmond F Norton

DESMOND F NORTON
PRESIDENT