

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H78745

1. Entity Name

NORTON TELECOM ENTERPRISES, INCORPORATED

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90011 039 ***150.00

Principal Place of Business

Mailing Address

% JANICE ALLEGRA NORTON
 864 NORTH TEMPLE AVENUE
 STARKE FL 32091

% JANICE ALLEGRA NORTON
 864 NORTH TEMPLE AVENUE
 STARKE FL 32091-2135

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2706561**

Applied For

Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NORTON, JANICE ALLEGRA
 864 NORTH TEMPLE AVENUE
 STARKE FL 32091

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

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 PD ☐ Delete
 NAME NORTON, JANICE A
 STREET ADDRESS 864 N TEMPLE AVE
 CITY-ST-ZIP STARKE FL

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D ☒ Delete
 NAME NORTON SR., EMMETT MAXIE
 STREET ADDRESS 864 N TEMPLE AVE
 CITY-ST-ZIP STARKE FL

TITLE ☒ Change ☐ Addition
 NAME Heather/Noel NORTON
 STREET ADDRESS 864 N Temple Ave.
 CITY-ST-ZIP STARKE, FL 32091

TITLE TD ☐ Delete
 NAME NORTON, EDNA
 STREET ADDRESS 864 N TEMPLE AVE
 CITY-ST-ZIP STARKE FL

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE V ☐ Delete
 NAME NORTON JR., EMMETT MAXIE
 STREET ADDRESS 864 N. TEMPLE AVE.
 CITY-ST-ZIP STARKE FL

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)