

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 17, 2002 8:00 am**  
**Secretary of State**

05-17-2002 90035 031 \*\*\*158.75

**DOCUMENT # H78745**  
 1. Entity Name  
**NORTON TELECOM ENTERPRISES, INCORPORATED**

Principal Place of Business  
 % JANICE ALLEGRA NORTON  
 864 NORTH TEMPLE AVENUE  
 STARKE FL 32091

Mailing Address  
~~% JANICE ALLEGRA NORTON~~  
~~864 NORTH TEMPLE AVENUE~~  
~~STARKE FL 32091~~  
 c/o  
 AUDREY PATRICIA NORTON



2. Principal Place of Business  
 864 N Temple Ave  
 Suite, Apt. #, etc.  
 SUITE 2E

3. Mailing Address  
 P.O. Box 954  
 Suite, Apt. #, etc.

City & State  
 STARKE, FL

City & State  
 STARKE, FL

Zip  
 32091

Country  
 BRADFORD

Zip  
 32091

Country  
 BRADFORD

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
 NORTON, JANICE ALLEGRA  
 864 NORTH TEMPLE AVENUE  
 STARKE FL 32091

7. Name and Address of New Registered Agent  
 Name  
 AUDREY PATRICIA NORTON  
 Street Address (P.O. Box Number is Not Acceptable)  
 113 MEADOWS DRIVE  
 City  
 STARKE, FL Zip Code  
 32091

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: Audrey Patricia Norton  
 Signature, typed or printed name of registered agent and title if applicable.  
 AUDREY PATRICIA NORTON  
 (NOTE: Registered Agent signature required when reinstating)  
 4-26-2.2K  
 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 State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

|   |  |
|---|--|
| TITLE<br>PD                               | <input type="checkbox"/> Delete            |
| NAME<br>NORTON, JANICE-A                  |  |
| STREET ADDRESS<br>864 N TEMPLE AVE        |  |
| CITY-ST-ZIP<br>STARKE FL                  |  |
| TITLE<br>D                                | <input checked="" type="checkbox"/> Delete |
| NAME<br>NORTON, HEATHER N                 |  |
| STREET ADDRESS<br>864 N TEMPLE AVE        |  |
| CITY-ST-ZIP<br>STARKE FL 32091            |  |
| TITLE<br>TD                               | <input checked="" type="checkbox"/> Delete |
| NAME<br>NORTON, EDNA                      |  |
| STREET ADDRESS<br>864 N TEMPLE AVE        |  |
| CITY-ST-ZIP<br>STARKE FL                  |  |
| TITLE<br>VP                               | <input checked="" type="checkbox"/> Delete |
| NAME<br>NORTON, NOEL                      |  |
| STREET ADDRESS<br>864 NORTH TEMPLE AVENUE |  |
| CITY-ST-ZIP<br>STARKE FL 32091            |  |
| TITLE                                     | <input type="checkbox"/> Delete            |
| NAME                                      |  |
| STREET ADDRESS                            |  |
| CITY-ST-ZIP                               |  |
| TITLE                                     | <input type="checkbox"/> Delete            |
| NAME                                      |  |
| STREET ADDRESS                            |  |
| CITY-ST-ZIP                               |  |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                                     |  |
|-------------------------------------|--|
| TITLE<br>CHAIRMAN                   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME<br>AUDREY PATRICIA NORTON      |  |
| STREET ADDRESS<br>113 MEADOWS DRIVE |  |
| CITY-ST-ZIP<br>STARKE FL 32091      |  |
| TITLE<br>MANAGING DIRECTOR          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME<br>NORTON, EMMETT MAXIE (JR)   |  |
| STREET ADDRESS<br>113 MEADOWS DRIVE |  |
| CITY-ST-ZIP<br>STARKE FL 32091      |  |
| TITLE<br>SEC/TREAS                  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME<br>NORTON, EDNA                |  |
| STREET ADDRESS<br>864 N TEMPLE AVE  |  |
| CITY-ST-ZIP<br>STARKE FL 32091      |  |
| TITLE                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                                |  |
| STREET ADDRESS                      |  |
| CITY-ST-ZIP                         |  |
| TITLE                               | <input type="checkbox"/> Change <input type="checkbox"/> 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: Edna Norton  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 EDNA NORTON  
 DATE: 4-26-2.2K  
 DAYTIME PHONE #: (904) 533-2081

CRZE034 (9/01)