

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90417 026 ***158.75

DOCUMENT #

1. Entity Name

H 78745



NORTON TELECOM ENTERPRISES, INCORPORATED

DO NOT WRITE IN THIS SPACE

34047473

2. Principal Place of Business

864 N. TEMPLE AVE.

3. Mailing Address

P.O. BOX 954

Suite, Apt. #, etc.

"E"

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

STARKE, FL.

City & State

STARKE, FL.

4. FEI Number

59-2706561

Applied For

Not Applicable

Zip

32091

Country

USA

Zip

32091

Country

USA

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

EMMETT MAXIE NORTON, JR.

Street Address (P.O. Box Number is Not Acceptable)

P.O. BOX 954-1113 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

EMMETT MAXIE NORTON, JR. (PRES.)

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-29-2004

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PRESIDENT-DIRECTOR
EMMETT MAXIE NORTON, JR.
1113 MEADOWS DRIVE - P.O. BOX 954
STARKE, FL. 32091**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VICE-PRESIDENT-DIRECTOR
AUDREY PATRICIA NORTON
1113 MEADOWS DRIVE - P.O. BOX 954
STARKE, FL. 32091**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-2004-(352-745-0557)

Date

Daytime Phone #

CR2E034B (12/02)