

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2003 8:00 am
Secretary of State

01-22-2003 90163 032 ***150.00

DOCUMENT # J08479

1. Entity Name

NORRIS, KOBERLEIN & JOHNSON, P.A.



Principal Place of Business

201 NORTH MARION STREET, SUITE 301
POST OFFICE DRAWER 2349
LAKE CITY FL 32056-2349
US

Mailing Address

201 NORTH MARION STREET, SUITE 301
POST OFFICE DRAWER 2349
LAKE CITY FL 32056-2349
US

2. Principal Place of Business

253 NW Main Blvd

3. Mailing Address

253 NW Main Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State

Lake City, FL

City & State

Lake City, FL

4. FEI Number

59-2676427

Applied For

Not Applicable

Zip

32055

Country

USA

Zip

32055

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NORRIS, JOHN E.

201 NORTH MARION STREET SUITE 301

LAKE CITY FL 32055

Name

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

253 N.W. Main Blvd

City

Lake City

FL

Zip Code

32055

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

John E. Norris

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	D	☐ Delete
NAME	NORRIS, GUY W	
STREET ADDRESS	201 N MARION ST SUITE 301	
CITY-ST-ZIP	LAKE CITY FL	
TITLE	PD	☐ Delete
NAME	KOBERLEIN, FREDERICK L.	
STREET ADDRESS	201 N. MARION ST #301	
CITY-ST-ZIP	LAKE CITY FL 32055	
TITLE	PD	☐ Delete
NAME	NORRIS, JOHN E	
STREET ADDRESS	201 N. MARION ST #301	
CITY-ST-ZIP	LAKE CITY FL 32055	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VPD	☒ Change ☐ Addition
NAME	NORRIS, GUY W.	
STREET ADDRESS	253 NW Main Blvd	
CITY-ST-ZIP	Lake City, FL 32055	
TITLE	PD	☒ Change ☐ Addition
NAME	KOBERLEIN, FREDERICK L.	
STREET ADDRESS	253 NW Main Blvd	
CITY-ST-ZIP	Lake City, FL 32055	
TITLE	STD	☒ Change ☐ Addition
NAME	NORRIS, JOHN E.	
STREET ADDRESS	253 NW Main Blvd	
CITY-ST-ZIP	Lake City, FL 32055	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

John E. Norris

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-03 386-752-7240

Date

Daytime Phone #

CR2E034 (10/02)