

2000 UNIFORM BUSINESS REPORT (UBR)

2/

FILED
May 01, 2000 8:00 am
Secretary of State

02-05-2000 90039 025 ***150.00

DOCUMENT # J63279

1. Entity Name

NORTON CONSTRUCTION SERVICES, INC.

Principal Place of Business

1838 TUDOR RD
JUNO ISLES FL 33408

Mailing Address

1838 TUDOR RD
JUNO ISLES FL 33408-2433

2. Principal Place of Business

2247 Palm Beach Lakes

3. Mailing Address

2247 Palm Beach Lakes

Suite, Apt. #, etc.

203

Suite, Apt. #, etc.

City & State

N.P.B., FL.

City & State

N.P.B., FL

4. FEI Number

59-2784973

Applied For

Not Applicable

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

Zip

33409

Country

P.B.

Zip

33409

Country

P.B.

6. Name and Address of Current Registered Agent

GARRETT, ROBERT

109 PARADISE HARBOR BLVD APT 415
NORTH PALM BEACH FL 33408

7. Name and Address of New Registered Agent

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	P	TITLE	P
NAME	NORTON, BILL B.	NAME	Bill B. Norton
STREET ADDRESS	1838 TUDOR ROAD	STREET ADDRESS	11370 TWIGLUB OAKS WAY UNIT 216
CITY-ST-ZIP	JUNO ISLES FL	CITY-ST-ZIP	N.P.B., FL. 33408
	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	V	TITLE	V
NAME	NORTON, KAREN L.	NAME	Karen L. Norton
STREET ADDRESS	1838 TUDOR ROAD	STREET ADDRESS	11370 TWIGLUB OAKS WAY UNIT 216
CITY-ST-ZIP	JUNO ISLES FL	CITY-ST-ZIP	N.P.B., FL. 33408
	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 #