

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # K28684**

1. Entity Name

MARK A. NORRIS, INC.**FILED**
Jun 14, 2001 8:00 am
Secretary of State

06-14-2001 90008 026 ***150.00

Principal Place of Business 305 W HILDA ST 4350 W. CYPRESS STREET TAMPA FL 33603 US	Mailing Address 305 W HILDA ST. TAMPA FL 33603 US
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 59-2925593	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent NORRIS, MARK A. 305 W. HILDA ST. TAMPA FL 33603	7. Name and Address of New Registered Agent <table border="1"><tr><td>Name</td></tr><tr><td>Street Address (P.O. Box Number is Not Acceptable)</td></tr><tr><td>City</td></tr><tr><td>State FL Zip Code</td></tr></table>	Name	Street Address (P.O. Box Number is Not Acceptable)	City	State FL Zip Code
Name					
Street Address (P.O. Box Number is Not Acceptable)					
City					
State 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, 2001 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
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D NORRIS, MARK A. 305 W. HILDA STREET TAMPA FL ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ 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

MARK A. NORRIS, PRES.**6/6/01**

Date

(813) 238-0925

Daytime Phone #

DOCUMENT
#A28684

Attachment
A070975

6/6/01

TO WHOM IT MAY CONCERN

I HAVE NEVER BEEN LATE SINCE I
STARTED MY COMPANY BUT THINGS
HAVE HAPPENED AND IT HAS BEEN EXTREMELY
DIFFICULT TO GET THINGS DONE
IN FEBRUARY I TORE A MINISCUS IN
MY KNEE. THEN ON MARCH 12TH
MY WIFE OF 1 1/2 YEARS ASKED FOR
A DIVORCE & ALL MY BELONGINGS
WERE PUT IN BOXES & I HAVE
BEEN LIVING IN A CAMPER.
I HAD SURGERY ON MY KNEE &
I AM ~~ON~~ JUST GETTING TO UNPACKING
EVERYTHING INCLUDING THIS FORM.
PLEASE ACCEPT MY APOLOGY & I
AM TRYING TO GET MY LIFE BACK
TOGETHER!

THANK YOU

MARK A. NORRIS