

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2001 8:00 am
Secretary of State

02-03-2001 90067 038 ***150.00

DOCUMENT # K75220

1. Entity Name

JULIE NORSWORTHY, INC.

Principal Place of Business

ALAN L. NORSWORTHY
10278 ALLAMANDA BLVD.
PALM BCH. GARDENS FL 33410

Mailing Address

ALAN L. NORSWORTHY
10278 ALLAMANDA BLVD.
PALM BCH. GARDENS FL 33410

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0108087

Applied For

Not Applicable

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

NORSWORTHY, ALAN L.
10278 ALLAMANDA BLVD.
PALM BCH. GARDENS FL 33410

Name

Alan L. Norworthy

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

7924 Links Way

City

Port St. Lucie

FL

Zip Code

34986

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **NORSWORTHY, ALAN L.**
 CITY-ST-ZIP **10278 ALLAMANDA BLVD.**
PALM BCH.GARDENS

TITLE ☒ Change ☐ Addition
 NAME **Norsworthy, Alan L.**
 STREET ADDRESS **PO Box 880913**
 CITY-ST-ZIP **Port Saint Lucie, Fl. 34988-0913**

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **NORSWORTHY, JULIE**
 CITY-ST-ZIP **10278 ALLAMANDA BLVD.**
PALM BCH.GARDENS

TITLE ☒ Change ☐ Addition
 NAME **Norsworthy, Julie**
 STREET ADDRESS **PO Box 880913**
 CITY-ST-ZIP **Port Saint Lucie, Fl. 34988-0913**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ 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: **Julie Norworthy**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(JULIE NORSWORTHY)

Date

1/29/01

Daytime Phone #

561-714-0530

CR2E034 (10/00)