## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED May 01, 2000 8:00 am Secretary of State DOCUMENT # K85649 ~ 1. Entity Name NORTON ELECTRIC SERVICES, INC. 05-01-2000 90477 009 \*\*\*150.00 Mailing Address Principal Place of Business 1898 HARBOR LANE 1898 HARBOR LANE NAPLES FL 34104-4275 NAPLES FL 34104 UUUUUGOJA 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & Syate 65-0130167 Not Applicable Country Zip Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 34/04 <u>34104</u> 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name NORTON, WALTER J. Street Address (P.O. Box Number is Not Acceptable) 1898 HARBOR LANE NAPLES FL 34102 City Zip Code FI 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE Addition | ☐ Delete TITLE NORTON, WALTER J. NAME NAME STREET ADDRESS STREET ADDRESS 1898 HARBOR LANE CITY-ST-ZIF CITY-ST-ZIP NAPLES FL ☐ Delete ☐ Change Addition TITLE NORTO, JONOTHAN P. NAME STREET ADDRESS 1923 HARBOR LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR