

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 16, 2002 8:00 am**  
**Secretary of State**

09-16-2002 90160 027 \*\*\*150.00

**DOCUMENT # L85474**

1. Entity Name  
**NORMAND CONSTRUCTION, INC.**

Principal Place of Business

7226 W. COLONIAL DR.  
 #201  
 ORLANDO FL 32818

Mailing Address

7226 W. COLONIAL DR.  
 #201  
 ORLANDO FL 32818



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3023938**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

**NORMAND, DENISE R.**  
**7226 W. COLONIAL DR.**  
**# 201**  
**ORLANDO FL 32818**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>NORMAND, THOMAS G.</b>	
STREET ADDRESS	<b>7226 W. COLONIAL DR. # 201</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32818</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> Delete
NAME	<b>NORMAND, DENISE</b>	
STREET ADDRESS	<b>7226 W. COLONIAL DR. # 201</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32818</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>NORMAND, THOMAS P.</b>	
STREET ADDRESS	<b>7226 W. COLONIAL DR. # 201</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32818</b>	
TITLE		<input type="checkbox"/> Delete
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:** *Denise Normand* **Denise Normand** 9/12/02 407-290-1112  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/02)

**Normand Construction, Inc.**

*Attachment* 678146  
# 185474

7726 W. Colonial Dr., #201  
Orlando, FL 32818

Phone 407-290-1112  
Fax 407-290-6820

September 11, 2002

Division of Corporations  
Uniform Business Report Filings  
409 East Gaines Street  
Tallahassee, FL 32399

Re: L85474 - late fee waiver 2002 UBR

Upon receipt of our 60 days notice, I noticed that the fee was \$550 and made the decision to wait until the deadline to file. Today, as I prepared to file, I read the frequently asked questions and noticed that number 8 applied to us. I wish to exercise my right to have my late fee waived, **because this was our first notice.**

I am submitting the original \$150 filing fee along with our completed report.

Respectfully,



Thomas G. Normand  
President