

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90146 049 ***150.00

DOCUMENT # L86645

1. Entity Name
NORTON HOME HEATING OIL CO.



Principal Place of Business
% KAREN R. NORTON
5543 W. BAYSHORE DR.
HARBOR OAKS FL 32127-6115

Mailing Address
% KAREN R. NORTON
5543 W. BAYSHORE DR.
HARBOR OAKS FL 32127-6115

2. Principal Place of Business
15 SOUTH HOLLYWOOD AVE
Suite, Apt. #, etc.

3. Mailing Address
15 SOUTH HOLLYWOOD AVE
Suite, Apt. #, etc.

City & State
DAYTONA BEACH FL

City & State
DAYTONA BEACH FL

Zip Country
32118 US

Zip Country
32118 US

4. FEI Number
59-3014855

Applied For
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

NORTON, KAREN R.
5543 W. BAYSHORE DR.
HARBOR LAKES FL 32127

7. Name and Address of New Registered Agent

Name: SARAH L. MELE
Street Address (P.O. Box Number is Not Acceptable)
15 SOUTH HOLLYWOOD AVE
City: DAYTONA BEACH FL Zip Code: 32118

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 *Karen R. Norton* Karen R. Norton

3-26-03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PVS ☐ Delete
NAME NORTON, KAREN R.
STREET ADDRESS 5543 BAYSHORE DR
CITY-ST-ZIP HARBOR OAKS FL

TITLE PVS ☒ Change ☐ Addition
NAME SARAH L. MELE
STREET ADDRESS 15 SOUTH HOLLYWOOD AVE
CITY-ST-ZIP DAYTONA BEACH FL 32118

TITLE T ☐ Delete
NAME NORTON, KAREN R.
STREET ADDRESS 5543 BAYSHORE DR
CITY-ST-ZIP HARBOR OAKS FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *SIGNATURE REQUIRED*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-26-03 386 761 4217

Date

Daytime Phone #

CR2E034 (10/02)