

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90140 018 ***158.75

DOCUMENT # P00000027431

1. Entity Name

BRIAN J. NORTON ENTERPRISES, INC.

Principal Place of Business

Mailing Address

**2408 S.E. SAPELO AVENUE
 PORT ST LUCIE FL 34952**

**2408 S.E. SAPELO AVENUE
 PORT ST LUCIE FL 34952**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

201 Colorado Ave

3. Mailing Address

2408 SE Sapele Ave

Suite, Apt. #, etc.

Apt-2

Suite, Apt. #, etc.

Ave

City & State

Stuart, Florida

City & State

Port. St. Lucie, Florida

Zip

34994

Country

Martin

Zip

34952

Country

St. Lucie

4. FEI Number

65-1001946

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

NORTON, BARBARA J

2408 SE SAPELO AVE

PORT ST LUCIE FL 34952

7. Name and Address of New Registered Agent

Name

Barbara J. Norton

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

2408 SE Sapele Ave

City

Port. St. Lucie

FL

Zip Code

34952

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

Barbara J. Norton

Barbara J. Norton

2/7/02

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, 2002 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

TITLE **PS** ☐ Delete
 NAME **NORTON, BRIAN J**
 STREET ADDRESS **2408 S.E. SAPELO AVENUE**
 CITY-ST-ZIP **PORT ST LUCIE FL 34952**

TITLE **VP** ☐ Delete
 NAME **NORTON, BARBARA J**
 STREET ADDRESS **2408 S.E. SAPELO AVENUE**
 CITY-ST-ZIP **PORT ST LUCIE FL 34952**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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 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:

SIGNATURE REQUIRED

Brian J. Norton

DATE

2/7/02

Daytime Phone #

561-529-1027