

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2003 8:00 am
Secretary of State

03-27-2003 90100 011 ***158.75

DOCUMENT # P00000027431

1. Entity Name
BRIAN J. NORTON ENTERPRISES, INC.



Principal Place of Business
201 COLORADO AVE
APT 2
STUART FL 34994

Mailing Address
2408 S.E. SAPELO AVENUE
PORT ST LUCIE FL 34952

2. Principal Place of Business

234 SE VILLAS ST
Suite, Apt. #, etc.

3. Mailing Address

234 SE VILLAS ST
Suite, Apt. #, etc.

City & State
STUART FL

Zip
34994

Country
AMERICA

City & State
STUART FL

Zip
34994

Country
USA

4. FEI Number
65-1001946

Applied For
Not Applicable

5. Certificate of Status Desired

APPLIED FOR
\$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
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 *Barbara J Norton*
Signature, typed or printed name of registered agent and title if applicable.

Barbara J Norton
(NOTE: Registered Agent signature required when reinstating)

3-25-03
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

TITLE	PS	<input type="checkbox"/> Delete
NAME	NORTON, BRIAN J	
STREET ADDRESS	2408 S.E. SAPELO AVENUE	
CITY - ST - ZIP	PORT ST LUCIE FL 34952	
TITLE	VP	<input type="checkbox"/> Delete
NAME	NORTON, BARBARA J	
STREET ADDRESS	2408 S.E. SAPELO AVENUE	
CITY - ST - ZIP	PORT ST LUCIE FL 34952	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
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NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-25-03 772-286-8349
Date **Daytime Phone #**

CR2E034 (10/02)