2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

LARGO FL 33771

8100 ULMERTON ROAD #7A

P00000043376 DOCUMENT

1. Entity Name

LARGO FL 33771

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

Principal Place of Business

8100 ULMERTON ROAD #7A

NORM'S AUTO & BOAT WORLD, INC.



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

01-27-2003 90181 017 ***150.00

70014384

2. Principal Place of Business		3. Mailing Address				BOUN DONN ANDRA NAD	1 11111 1 11 11	1 1111 1111	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State		City & State		4.	FEI Number 59-3663851	<u> </u>		ed For	
Zip	Country	Zip	Country	5.	Certificate of Status Desired		5 Addition	onal	
*	6. Name and Address of Current R	egistered Agent		7. Name and Address of New Registered Agent					
BANNISTER, I 8100 ULMERT LARGO FL 33			Box Number is Not Acceptable)	47A					
			City	ARG	0		Code	1	
the obligations SIGNATURE Sign FILE After Ma	med entity submits this statement for sof legisfered agent. Lature, typed or printed name of registered agent and the statement for some statement for legisfered agent and the statement of the statement of legisfered agent and the statement agent agen	enfaum d title if applicable. (NOTE	Registered Agent signature req		1-3	2 3 - 20 0		May Be	
10.	OFFICERS AND D		11.	AE	DDITIONS/CHANGES TO OFFIC	ERS AND DIREC	TORS IN	N 11	
STREET ADDRESS 810	NNISTER, NORM 00 ULMERTON ROAD #7A RGO FL 33771	∑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	,		☐ Ch	ange [Addition	CR2E034 (10/02)
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TITLE		☐ Delete	TITLE			☐ Ch	ange [☐ Addition	

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

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:X

☐ Delete

☐ Change

Addition