

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P00000052470**1. Entity Name  
**CHUCK NORRELL, P.A.**

Principal Place of Business

2014 PRINCE DRIVE  
NAPLES FL 34110

Mailing Address

2014 PRINCE DRIVE  
NAPLES FL 34110

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

65-1021166

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.  
343 ALMERA AVENUE  
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name Charles E. Norrell

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

2014 Prince Dr.

City Naples

FL

Zip Code 34110

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

Chuck Norrell

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

(NOTE: Registered Agent signature required when reinstating)

8/29/01

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 12, 2001 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

TITLE	PSTD	<input type="checkbox"/> Delete
NAME	NORRELL, CHARLES	
STREET ADDRESS	2014 PRINCE DRIVE	
CITY-STATE-ZIP	NAPLES FL 34110	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11:

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
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CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-STATE-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; changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Chuck Norrell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Chuck Norrell

Date

8/29/01 (44) 596-1167

Office Phone

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 SEP 28 PM 12:05



DO NOT WRITE IN THIS SPACE

Attachment  
P0000052470  
Box of 240

August 29, 2001

Florida Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

SUBJECT: CHUCK NORRELL, P.A.  
Document # P0000052470  
2001 Uniform Business Report

Dear Sirs:

Please find enclosed the subject report and check in the amount of \$150.00.

Per my conversation with your office this date, I have not received this report before; therefore, did not know about it as this was the first year. I am enclosing a check for the initial \$150.00. Please let me know regarding the penalty fee of \$400.00 and I will remit you a check for it. Please do not dissolve or revoke the corporation.

Thank you for your assistance in this matter.

Sincerely,

*Chuck Norrell, P.A.*

Chuck Norrell, P.A.

Enclosure