

9/11/01-90008-044-\$150.00-\$150.00

**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 & State

City & State

4. FEI Number

65-1021166

Applied For

Not Applicable

Zip

Zip

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

Country

6. Name and Address of Current Registered Agent

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

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 law firm, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSTD**  Delete  
NAME NORRELL, CHARLES  
STREET ADDRESS 2014 PRINCE DRIVE  
CITY-ST-ZIP NAPLES FL 34110

TITLE  Change  Add  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Add  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Add  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Add  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Add  
NAME  
STREET ADDRESS  
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Chuck Norrell*

Chuck Norrell 8/29/01 (941) 596-1167

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Attachment  
P0000052470  
B0004240

August 29, 2001

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

**SUBJECT:** CHUCK NORRELL, P.A.  
Document # P00000052470  
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