

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000085788

1. Entity Name

E.K. NORMAN HOLDINGS, INC.

FILED
Sep 12, 2001 8:00 am
Secretary of State

09-12-2001 90034 050 ***550.00

Principal Place of Business

280 HAMPSHIRE AVE
SPRING HILL FL 34606

Mailing Address

23 EAST TARPON AVE
TARPON SPRINGS FL 34689

2. Principal Place of Business

3. Mailing Address

280 HAMPSHIRE AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

SPRING HILL, FL 34606

4. FEI Number

59-3668613

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KLIMIS, GEORGE N
23 EAST TARPON AVE
TARPON SPRINGS FL 34689

Name

NORMAN, ELVIN K.

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

280 HAMPSHIRE AVENUE

City

SPRING HILL

FL

Zip Code
34606

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 *Elvin K. Norman*

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

(NOTE: Registered Agent signature required when reinstating)

9-3-01
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 \$150.00
After MAY 1, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
NORMAN, ELVIN K
280 HAMPSHIRE AVE
SPRING HILL FL 34606 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D/P/S/T
NORMAN, ELVIN K.
280 HAMPSHIRE AVENUE
SPRING HILL, FL 34606 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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

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: *Elvin K. Norman*

ELVIN K. NORMAN

9-3-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)