2002 UNIFORM BUSINESS REPORT (UBR)

FILEB00000085982 **DOCUMENT #** P00000085982 SECRETARY OF STATE DIVISION OF CORPORATIONS 1. Entity Name NORRIS DOOR INSTALLATION, INC. 02 MAY 30 PM 4: 01 Principal Place of Business Mailing Address 1340 ARDEN STREET 1340 ARDEN STREET LONGWOOD FL 32750 LONGWOOD FL 32750 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3670103 Not Applicable Ζiο Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BARRETT, RICHARD L Street Address (P.O. Box Number is Not Acceptable) 18 WALL STREET ORLANDO FL 32801 City 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 \$5.00 May Be (See criteria on back) Trust Fund Contribution. Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE (9/01) ☐ Addition NAME norris, edwin l jr. NAME STREET ADDRESS 1340 ARDEN STREET STREET ADDRESS CR2E034 CITY-ST-ZIP LONGWOOD FL 32750 CITY-ST-ZIP TIME Delete TITLE ☐ Addition NAME NORRIS, EDWIN L SR. NAME STREET ADDRESS 1004 GREGORY DRIVE STREET ADORESS CITY-ST-ZIP MAITLAND FL 32751 CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME NORRIS, CARRIE C NAME STREET ADDRESS 1004 GREGORY DRIVE STREET ADDRESS CITY-ST-ZIR. MATLAND FL 32751 CITY-ST-ZIP -TITLE Oelete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P 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 in 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 the information of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that the information of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that the information of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes. I further certify that the information of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and the information of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes.

05-21-2002 90853 046 *** 150.00

m an officer or director Block 11 or Block 12 if

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