

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 10, 2002 8:00 am
Secretary of State

05-10-2002 90040 030 ***150.00

DOCUMENT # P00000103560

1. Entity Name

NORAM DIVIDE, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

100 N. Tampa Street

Suite, Apt. #, etc.
Suite 3575

City & State
Tampa, FL

Zip
33602

Country

3. Mailing Address

100 N. Tampa Street

Suite, Apt. #, etc.
Suite 3575

City & State
Tampa, FL

Zip
33602

Country

4. FEI Number
59-3680487

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Aris Newton

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

One Imeson Park Blvd, Bldg 100

City Jacksonville, FL

FL

Zip Code
32218

**DO NOT WRITE
IN THIS SPACE**

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
Tax filing requirement and elects to do so.**
(See criteria on back) ☐

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00**

Amended UBR is \$61.25

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 NAME STREET ADDRESS CITY - ST - ZIP	P/D W. Aris Newton One Imeson Park Blvd, Bldg 100 Jacksonville, FL 32218
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V/D Jaye Wells One Imeson Park Blvd., Bldg 100 Jacksonville, FL 32218
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S/T/D John Caskey One Imeson Park Blvd, Bldg 100 Jacksonville, FL 32218
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

S/T/D John Caskey

4/29/02

(813)224-0228

Date

Daytime Phone #

CR2E034B (12/01)