

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

10f2

DOCUMENT # p0100001757

1. Entity Name

A & F NORRIS TRANSPORTATION COMPANY, INC.

FILED

02 OCT 25 AM 11:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
717 NW 6TH AVENUE

3. Mailing Address  
P. O. BOX 1371

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
OCALA, FL

City & State  
OCALA, FL

4. FEI Number 59-3605156

Applied For  
Not Applicable

Zip  
34475

Country  
MARION

Zip  
34478

Country  
USA

5. Certificate of Status Desired ☒

\$8.75 Additional  
Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name GWENDOLYN B. DAWSON

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

10300 NW 125TH ST.

City REDDICK

FL

Zip Code  
32686

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.

Gwendolyn B. Dawson, Registered Agent 10-21-02

(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  
PVP/S/T/D/ ALBERT E. NORRIS  
717 NW 6TH AVENUE  
OCALA, FL 34475

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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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

Date

Daytime Phone #

CR2E034B (12/01)

2052

**A & F NORRIS TRANSSPORTATION, INC.**  
**P. O. BOX 1371**  
**OCALA, FL 34478**

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October 21, 2002

**RE: UNIFORM BUSINEESS REPORT FOR 2002**  
**P0100001757**

Dear Sir/Madam:

I was just made aware by a loan officer that my corporation had been dissolved. Enclosed is my Uniform Business Report (UBR) for 2002 for **A & F NORRIS TRANSPORTAION COMPANY, INC.** and a check in the amount of \$150. I am requesting that you reinstate my corporation and waive the late penalty because I did not receive the UBR for 2002 from the state. I believe the problem may have been because any mail delivered to my street address is returned to the sender because I do not have a mail box at my physical mailing address. All mail should be sent to my post office box 1371, Ocala, FL 34478.

It is my hope that you will grant this waiver request. Should you need any additional information, please call me at 352-207-5945. Thank you for your consideration.

Sincerely,

*Albert E. Norris*

Albert E. Norris  
President

Enclosure