

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

04-30-2002 90059 029 ***150.00

DOCUMENT # P01000030579

1. Entity Name

NORTON DISTRIBUTION COMPANY, INC.

Principal Place of Business

7956 PINES BLVD.

PEMBROKE PINES FL 33024

Mailing Address

1940 HARRISON ST., STE. 200-B

HOLLYWOOD FL 33020-5072

2. Principal Place of Business

3. Mailing Address

1940 HARRISON ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

STE. 201-B

City & State

City & State

HOLLYWOOD

Zip

Country

Zip

Country

33020-5072

USA

4. FEI Number

65-1093463

Applied For

Not Applicable

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

JUMPINGJAXTAX.COM, INC.

1940 HARRISON ST., STE. 200-B

HOLLYWOOD FL 33020-5072

Name
JUMPINGJAXTAX.COM, INC.

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

1940 HARRISON ST., STE. 201-B

City

HOLLYWOOD

FL

Zip Code

33020-5072

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 reconstituting)

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, 2002 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

TITLE	D	<input type="checkbox"/> Delete
NAME	NORTON, PETER	
STREET ADDRESS	7956 PINES BLVD.	
CITY-ST-ZIP	PEMBROKE PINES FL 33024	
TITLE	D	<input type="checkbox"/> Delete
NAME	NORTON, EUVALINE	
STREET ADDRESS	7956 PINES BLVD.	
CITY-ST-ZIP	PEMBROKE PINES FL 33024	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/2002

Date

(800) 203-2347

Daytime Phone #

CR2E034 (9/01)