

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90139 015 ***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. 201-B
HOLLYWOOD FL 33020-5072



2. Principal Place of Business

2863 NORTH LAKE BLVD

3. Mailing Address

2863 NORTH LAKE BLVD.

Suite, Apt. #, etc.

STE. 3

Suite, Apt. #, etc.

STE. 3

City & State

LAKE PARK, FL

City & State

LAKE PARK, FL

4. FEI Number

65-1093463

Applied For

Not Applicable

Zip

33403

Country

USA

Zip

33403

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JUMPINGJAXTAX.COM, INC.

1940 HARRISON ST., STE. 201-B

HOLLYWOOD FL 33020-5072

7. Name and Address of New Registered Agent

Name

PETER NORTON

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

2863 NORTH LAKE BLVD.

STE. 3

City

LAKE PARK

FL

Zip Code

33403

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

(Signature)

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

PETER NORTON

PRESIDENT

15 APR 03

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete

NAME **NORTON, PETER**
STREET ADDRESS **7956 PINES BLVD.**
CITY-ST-ZIP **PEMBROKE PINES FL 33024**

TITLE **SD** ☐ Delete

NAME **NORTON, EUVALINE**
STREET ADDRESS **7956 PINES BLVD.**
CITY-ST-ZIP **PEMBROKE PINES FL 33024**

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition

NAME **NORTON, PETER**
STREET ADDRESS **2863 NORTH LAKE BLVD., STE. 3**
CITY-ST-ZIP **LAKE PARK, FL 33403**

TITLE **SD** ☒ Change ☐ Addition

NAME **NORTON, EUVALINE**
STREET ADDRESS **2863 NORTH LAKE BLVD., STE. 3**
CITY-ST-ZIP **LAKE PARK, FL 33403**

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

(Signature) **PETER NORTON**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

15 APR 03

Date

954-927-8888

Daytime Phone #

CR2E034 (10/02)