

# 2002 UNIFORM BUSINESS REPORT (UBR)

5/1.

**FILED**  
**Jun 03, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90075 012 \*\*\*150.00

**DOCUMENT # P01000032434**

1. Entity Name

THE LAW OFFICES OF NORTON BREMAN, P.A.

Principal Place of Business

355 BURLEIGH STREET  
 ORLANDO FL 32824

Mailing Address

355 BURLEIGH STREET  
 ORLANDO FL 32824

Principal Place of Business

401 S. Florida Ave.

Suite, Apt. #, etc.

300

City & State

Tampa, FL

Zip

33602

Country

USA

3. Mailing Address

401 S. Florida Ave.

Suite, Apt. #, etc.

300

City & State

Tampa, FL

Zip

33602

Country

USA

4. FEI Number

14 3027521

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NORTON BREMAN, CATHERINE M  
 355 BURLEIGH STREET  
 ORLANDO FL 32824

7. Name and Address of New Registered Agent

Name Catherine M. Norton Breman  
 Street Address (P.O. Box Number is Not Acceptable) 401 S. Florida Ave.  
 Ste. 300  
 City Tampa FL Zip Code 33602

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

*Catherine M. Norton Breman* Catherine M. Norton Breman February 11, 2002

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

(NOTE: Registered Agent's signature required when reappointing)

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 BREMAN, CATHERINE M	
STREET ADDRESS	355 BURLEIGH STREET	
CITY-ST-ZIP	ORLANDO FL 32824	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Norton Breman Catherine M	
STREET ADDRESS	401 S. Florida Ave., Ste 300	
CITY-ST-ZIP	Tampa, FL 33602	
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		
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:

*Catherine M. Norton Breman* Catherine M. Norton Breman February 11, 2002 (813) 301-0043

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)