2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

May 21, 2002 8:00 am \$ Secretary of State \$ \$ 05-21-2002 01/21 022 P01000049728 DOCUMENT # 1. Entity Name NORMANDY PROPERTIES, INC. Principal Place of Business Mailing Address 6346 RIVER ROAD 6346 RIVER ROAD NEW SMYRNA BEACH FL 32169 NEW SMYRNA BEACH FL 32169 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For -City & State -= 5 City & State Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name STORCH, GLENN D ESQ. Street Address (P.O. Box Number is Not Acceptable) STORCH, HANSEN, & MORRIS, P.A. 420 SOUTH NOVA ROAD DAYTONA BEACH FL 32114 Zip Code City FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees -{ (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. CR2E034 (9/01) Change ☐ Addition TIŢĹE ☐ Delete TITLE THENAULT, DEBORAH NAME NAME 6346 RIVER ROAD STREET ADDRESS STREET ADDRESS **NEW SMYRNA BEACH FL 32169** CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE THENAULT, GEORGES NAME NAME 6346 RIVER ROAD STREET ADDRESS STREET ADDRESS NEW SMYRNA BEACH FL 32169 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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