

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

01-17-2003 90077 031 ***150.00

DOCUMENT # P01000083875

1. Entity Name
NORTON FINANCE, INC.



Principal Place of Business
**350 5TH AVE. SOUTH, SUITE 202
NAPLES FL 34102**

Mailing Address
**350 5TH AVE. SOUTH, SUITE 202
NAPLES FL 34102**



2. Principal Place of Business

9168 Brendan Preserve CT
Suite, Apt. #, etc.

3. Mailing Address

9168 Brendan Preserve CT
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

Benita Spring FL
Zip Country

City & State

Benita Spring FL
Zip Country

4. FEI Number **59-3740895**

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

BLACK, A.J.
**350 5TH AVE. SOUTH, SUITE 202
NAPLES FL 34102**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-14-03

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 **D** ☒ Delete
NAME **BLACK, A.J.**
STREET ADDRESS **5801 GLEN COVE DR., NO. 505**
CITY-ST-ZIP **NAPLES FL 34108**

TITLE **D** ☒ Delete
NAME **FALCONE, EDUARDO**
STREET ADDRESS **20869 GLENEAGLES LINKS DR.**
CITY-ST-ZIP **ESTERO FL 33928**

TITLE **D** ☐ Delete
NAME **Simon Barbicott**
STREET ADDRESS **9168 Brendan Preserve CT**
CITY-ST-ZIP **Benita Spring FL 34133**

TITLE **D** ☐ Delete
NAME **Tom Clayben**
STREET ADDRESS **9168 Brendan Preserve CT**
CITY-ST-ZIP **Benita Spring FL 34133**

TITLE **D** ☐ Delete
NAME **Alan Pithen**
STREET ADDRESS **9168 Brendan Preserve CT**
CITY-ST-ZIP **Benita Spring FL 34133**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 reports 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-14-03

CR2E034 (10/02)