

APPROVED  
AND  
FILED

03 JUL 25 AM 8:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT # P02000007453</b> 1. Entity Name <b>NORMA J. RANS, P.A.</b>					
Principal Place of Business <b>136 OLD TAMiami TRAIL NAPLES, FL 34110</b>			Mailing Address <b>136 OLD TAMiami TRAIL NAPLES, FL 34110</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>80-0032913</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>RANS, NORMAN J 136 OLD TAMiami TRAIL NAPLES, FL 34110</b>			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when registering)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2003 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD RANS, NORMA J 136 OLD TAMiami TRAIL NAPLES, FL 34110	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT RANS, NORMA J 136 OLD TAMiami TRAIL NAPLES, FL 34110	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Delete			
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: <u><i>Norma J. Rans</i></u> Date: <u>7-22-03</u>					



☐ CHECK HERE IF MAKING CHANGES

10/02

**800021761158**  
**07/24/03--01024--003**  
**\*\*150.00**

2022

July 8, 2003

Gentlemen:

My name is Norma Rans and I am the President, V President, Sec. and Treasurer of Norma Rans P.A.. This is my first year in business and apparently not aware of what is expected on my part in filing all of the paperwork due or I would have noticed that I did not receive any paperwork in reference to my 2003 Uniform Business Report. As I received paperwork due, they are turned over to my accountant and taken care of, but this was not the case as I never received any notice. Today I was in conversation with my accountant and he asked if I had taken care of this. Not knowing what he was talking about, his office quickly explained. Please accept this check to the Florida Dept. of State for \$150, hoping that you will waive the late fee. Please note that I am aware of what I must do now and this will not happen again. I would appreciate anything you could do to help in this matter.

My FEI # IS 80-0032913

My address is Norma J. Rans  
136 Old Tamiami Trail  
Naples, Florida 34110

Thanking you in advance

*Norma J. Rans P.A.*  
Norma J. Rans P.A.

*Bonnie L. Clark July 8, 2003*

