

**FILED**  
**May 15, 2003 8:00 am**  
**Secretary of State**

05-15-2003 90117 037 \*\*\*158.75

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

| <b>DOCUMENT # P02000064033</b><br>1. Entity Name<br><b>NORCASS, INC.</b>   |                                    |   |   |  |   |  |  |                                 |  |   |  |                                 |  |   |  |                                 |  |   |  |                                 |  |   |  |                                 |  |   |
|--|------------------------------------|---|---|--|---|--|--|---------------------------------|--|---|--|---------------------------------|--|---|--|---------------------------------|--|---|--|---------------------------------|--|---|--|---------------------------------|--|---|
| Principal Place of Business<br>5240 NW 85TH AVE<br>LAUDERHILL, FL 33351  |                                    | Mailing Address<br>5240 NW 85TH AVE<br>LAUDERHILL, FL 33351 |   |  |   |  |  |                                 |  |   |  |                                 |  |   |  |                                 |  |   |  |                                 |  |   |  |                                 |  |   |
| 2. Principal Place of Business<br>PO Box 25583   | 3. Mailing Address<br>PO Box 25583 |   |   |  |   |  |  |                                 |  |   |  |                                 |  |   |  |                                 |  |   |  |                                 |  |   |  |                                 |  |   |
| Suite, Apt. #, etc.  |                                    |   |   |  |   |  |  |                                 |  |   |  |                                 |  |   |  |                                 |  |   |  |                                 |  |   |  |                                 |  |   |
| City & State<br>Tamarac FL   |                                    |   |   |  |   |  |  |                                 |  |   |  |                                 |  |   |  |                                 |  |   |  |                                 |  |   |  |                                 |  |   |
| Zip<br>33320-5583  |                                    |   |   |  |   |  |  |                                 |  |   |  |                                 |  |   |  |                                 |  |   |  |                                 |  |   |  |                                 |  |   |
| Country<br>Broward   |                                    |   |   |  |   |  |  |                                 |  |   |  |                                 |  |   |  |                                 |  |   |  |                                 |  |   |  |                                 |  |   |
| 4. FEI Number<br>43-196488   |                                    |   |   |  |   |  |  |                                 |  |   |  |                                 |  |   |  |                                 |  |   |  |                                 |  |   |  |                                 |  |   |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |                                    |   |   |  |   |  |  |                                 |  |   |  |                                 |  |   |  |                                 |  |   |  |                                 |  |   |  |                                 |  |   |
| 6. Name and Address of Current Registered Agent<br>STRIBLING, RHONDA N<br>5240 NW 85TH AVE<br>LAUDERHILL, FL 33351   |                                    |   |   |  |   |  |  |                                 |  |   |  |                                 |  |   |  |                                 |  |   |  |                                 |  |   |  |                                 |  |   |
| 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>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.<br>SIGNATURE <u>Rhonda Stribling</u> DATE <u>5/13/03</u><br><small>(Signature, typewritten or typed name of registered agent and date if applicable) (NOTE: Registered Agent signature required while submitting)</small>  |                                    |   |   |  |   |  |  |                                 |  |   |  |                                 |  |   |  |                                 |  |   |  |                                 |  |   |  |                                 |  |   |
| 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>  |                                    |   |   |  |   |  |  |                                 |  |   |  |                                 |  |   |  |                                 |  |   |  |                                 |  |   |  |                                 |  |   |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="2" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 50%; padding: 2px;">           TITLE<br/>NAME<br/>STREET ADDRESS<br/>CITY-ST-ZIP         </td> <td style="width: 50%; padding: 2px;"> <input type="checkbox"/> Delete         </td> <td style="width: 50%; padding: 2px;">           TITLE<br/>NAME<br/>STREET ADDRESS<br/>CITY-ST-ZIP         </td> <td style="width: 50%; padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr> <td style="padding: 2px;">           TITLE<br/>NAME<br/>STREET ADDRESS<br/>CITY-ST-ZIP         </td> <td style="padding: 2px;"> <input type="checkbox"/> Delete         </td> <td style="padding: 2px;">           TITLE<br/>NAME<br/>STREET ADDRESS<br/>CITY-ST-ZIP         </td> <td style="padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr> <td style="padding: 2px;">           TITLE<br/>NAME<br/>STREET ADDRESS<br/>CITY-ST-ZIP         </td> <td style="padding: 2px;"> <input type="checkbox"/> Delete         </td> <td style="padding: 2px;">           TITLE<br/>NAME<br/>STREET ADDRESS<br/>CITY-ST-ZIP         </td> <td style="padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr> <td style="padding: 2px;">           TITLE<br/>NAME<br/>STREET ADDRESS<br/>CITY-ST-ZIP         </td> <td style="padding: 2px;"> <input type="checkbox"/> Delete         </td> <td style="padding: 2px;">           TITLE<br/>NAME<br/>STREET ADDRESS<br/>CITY-ST-ZIP         </td> <td style="padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr> <td style="padding: 2px;">           TITLE<br/>NAME<br/>STREET ADDRESS<br/>CITY-ST-ZIP         </td> <td style="padding: 2px;"> <input type="checkbox"/> Delete         </td> <td style="padding: 2px;">           TITLE<br/>NAME<br/>STREET ADDRESS<br/>CITY-ST-ZIP         </td> <td style="padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> </table> |                                    |   | 10. OFFICERS AND DIRECTORS  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(5)(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 empowers.  |                                    |   |   |  |   |  |  |                                 |  |   |  |                                 |  |   |  |                                 |  |   |  |                                 |  |   |  |                                 |  |   |
| SIGNATURE: <u>Rhonda Stribling</u> DATE <u>5/13/03</u> PHONE <u>954-748-3211</u><br><small>(SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date) (Original Phone #)</small>   |                                    |   |   |  |   |  |  |                                 |  |   |  |                                 |  |   |  |                                 |  |   |  |                                 |  |   |  |                                 |  |   |

90135263



☒ CHECK HERE IF MAKING CHANGES

CFR2034 (10/02)

see attached letter

Attachment      90135263  
Box# PD2000064033

Please be advised. I did not receive any Uniform business report to complete and do not feel I should have to pay the \$550.00. I have enclosed the fee of \$150.00.

Should you have any questions please call me at 954-748-3291.

Thank you for your assistance.

Rhonda Stribling

In a message dated 5/13/03 8:11:21 AM Eastern Daylight Time, corphelp@dos.state.fl.us writes:

If your corporation did not receive the uniform business report, please submit a letter that states this information when filing a completed report to our office. The corporation may not be charged the late fee if you follow these instructions.

A preprinted Uniform business report can be downloaded from our webpage at [www.sunbiz.org](http://www.sunbiz.org). Click on "Download Filing Forms", select "Florida Corporations (Profit and NonProfit)" and then select "Profit Uniform Business Report/Annual Report" or "NonProfit Uniform Business Report/Annual Report".

Gina  
Internet Access

-----Original Message-----

**From:** RHONDA63@aol.com [mailto:RHONDA63@aol.com]

**Sent:** Monday, May 12, 2003 8:16 PM

**To:** corphelp@mail.dos.state.fl.us

**Subject:** UBR

my accountant went online and asked me if I had filed our Uniform Business report-I have never received anything regarding this-please let me know what this is and now I go about getting it.

Rhonda Stribling, RN CRRN

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Rhonda Stribling, RN CRRN

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