

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

**FILED**  
**May 08, 2008 8:00 am**  
**Secretary of State**

05-08-2008 90026 012 \*\*\*150.00

DOCUMENT # PO7000101137  
1. Entity Name  
NORQUIST INC

**DO NOT WRITE IN THIS SPACE**

**40099889**

2. Principal Place of Business  
9550 BAYMEADOWS RD  
Suite, Apt. #, etc.  
STE 7

3. Mailing Address  
5251 CYPRESS LINKS BLVD  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
JACKSONVILLE FL

City & State  
ELKTON FL

4. FEI Number  
26-0882495

Applied For  
 Not Applicable

Zip  
32256 Country  
USA

Zip  
32033 Country  
USA

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

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name  
NORQUIST, MICHAEL F  
Street Address (P.O. Box Number is Not Acceptable)  
5251 CYPRESS LINKS BLVD

City  
ELKTON FL Zip Code  
32033

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)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P, D  
NORQUIST MICHAEL F.  
5251 CYPRESS LINKS BLVD  
ELKTON FL 32033

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL F NORQUIST *Michael F Norquist* 4/29/08 (904) 646-9200