FILED Feb 20, 2003 8:00 am Secretary of State 02-20-2003 90129 042 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMEN	T #	P22772

1. Entity Name

NORTON LILLY INTERNATIONAL INC.



Principal Place of Business 435 CLARK RD

Mailing Address 435 CLARK RD

SUITE 500 JACKSONVI	LLE FL 32218	SUITE 500 LE FL 32218 JACKSONVILLE FL 32218)) 816 11 8 (311 1881		
	Place of Busin	Louis Centa	3. Mailing Address ONE Swint	Low	s Cle	utia					
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite 3002 Suite 300						CHECK HERE IF MAKING CHANGES					
City & Spate, MC		City & State Mahaile	AL		4. FEI Number 13-3138576			<u> </u>	Applied For Not Applicable		
366	02	Country USA	36602	Coun	try USA	1	5. Certificate	of Status Desire	ed 🔲	\$8.75 A Fee Requi	dditional
	6. Name	and Address of Current F	Registered Agent				7. Name and	Address of Ne	w Registere	•	
DUNKLE 435 CLA SUITE 50			·		Street /	Address (P		is Not Accept	able)		
JACKSO	NVILLE FL 32	2218		-	City		500		· <u> </u>	• T=: 0	
8. The above the obligation of the obligation of the statement of the stat	George		the purpose of changing its	$\Delta \circ$	d office o	r registered	Son vi/led agent, or both	, in the State o		Zip Co	
Afte	r May 1, 200	FEE IS \$150.00 3 Fee will be \$550.00 Florida Department of					Trus	tion Campaign t Fund Contribu	ution.	☐ Adde	00 May Be of to Fees
TITLE	DP	OF FIGERS AND D	Delete	11.	-	77	ADDITIONS/C	HANGES TO C	OFFICERS AN		
NAME STREET ADDRESS CITY-ST-ZIP			L. Delete	NAME	T ADDRESS	Ruth	eeford, Saint Li bile	J. Schi	ley fac Si 36602	(X Change √2 3002 —	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO CONRAD, V 200 PLAZA SECAUCUS	DRIVE	☐ Delete	TITLE NAME STREET CITY-S	T ADDRESS	PCEO Thur One	bee, H. Saint C	W. III		Change	☐ Addition
TITLE - NAME STREET ADDRESS CITY-ST-ZIP	JACKSONV	G L JR. RD Suite 500 ILLE FL 32218	Delete	NAME STREET CITY-S	ADDRESS ST-ZIP	S. Allen One	, Rache Saint sile, N	Lovis	Centre	in a second of the	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCMULLEN 200 PLAZA SECAUCUS	DRIVE	💢 Delete	TITLE NAME STREET CITY-S	ADDRESS T-ZIP					☐ Change	Addition
ITLE IAME ITREET ADDRESS ITY-ST-ZIP	D MCMULLEN 200 PLAZA SECAUCUS	DRIVE	□ XDelete	TITLE NAME STREET CITY-ST	address 1-zip	·		, u		☐ Change	Addition
ITLE AME TREET ADORESS ITY-ST-7IP	D MCMULLEN 200 PLAZA SECALICUS	DRIVE	Delete	TITLE NAME STREET	ADDRESS				**	☐ Change	Addition

12. Thereby 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

SIGNATURE: