

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

FILED
Jul 28, 2003 8:00 am
Secretary of State

07-28-2003 90137 005 ***550.00

DOCUMENT # P95000053903

1. Entity Name
JOHN H. NORRIS INSURANCE, INC.



Principal Place of Business
10492 N.W. 3RD STREET
PEMBROKE PINES FL 33026

Mailing Address
10492 N.W. 3RD STREET
PEMBROKE PINES FL 33026



2. Principal Place of Business *433 S. Nova Road* **3. Mailing Address** *433 S. Nova Rd*
Suite, Apt. #, etc.

City & State *Ormond Bch, FL* **City & State** *Ormond Bch FL*
Zip *32174* **Country** *USA* **Zip** *32174* **Country** *USA*

4. FEI Number **65-0624119** **Applied For**
Not Applicable

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

☒ **CHECK HERE IF MAKING CHANGES**

6. Name and Address of Current Registered Agent
NORRIS, JOHN H.
10492 N.W. 3RD STREET
PEMBROKE PINES FL 33026

7. Name and Address of New Registered Agent
Name *JOHN H. NORRIS*
Street Address (P.O. Box Number is Not Acceptable) *433 SOUTH NOVA ROAD*
City *ORMOND BEACH* **FL** *32174*

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 *John H. Norris*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE *7/24/03*

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
PSD NORRIS, JOHN H 10492 N.W. 3RD STREET PEMBROKE PINES FL 33026	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NORRIS, JOHN H. 433 SOUTH NOVA Rd ORMOND Bch, FL 32174	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *John H. Norris* **REQUIRED** *JOHN H. NORRIS PRES* **DATE** *7/24/03* **DAYTIME PHONE #** *386 453-5580*

CR2E034 (4/03)