

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000081780

1. Entity Name  
NORCHRIS, INC.

Principal Place of Business  
4830 DAVIS BLVD.  
NAPLES FL 33942

Mailing Address  
4830 DAVIS BLVD.  
NAPLES FL 33942

2. Principal Place of Business  
4830 Davis Blvd.  
Suite, Apt. #, etc.

3. Mailing Address  
4830 Davis Blvd.  
Suite, Apt. #, etc.

City & State  
Naples, FL  
Zip 34104

City & State  
Naples, FL  
Zip 34104

6. Name and Address of Current Registered Agent

FRANK, ANN T  
1842 AIRPORT ROAD SOUTH  
NAPLES FL 33962

4. FEI Number 65-0629351  
Applied For  
Not Applicable

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

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.

SIGNATURE Nora A. Mark

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

02-06-01

DATE

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

FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2001 Fee will be \$550.00  
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

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARK, NORA A 100 VALLEY STREAM DRIVE NAPLES FL	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Nora A. Mark Nora A. Mark

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-02-01

Date

941-793-3675

Daytime Phone #

CR2E034 (10/00)