## 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P95000095721

Name: NORMANDY DEVELOPMENT, INC

3840 CROWN POINT RD SUITE A

JACKSONVILLE, FL 32257 US

Address: City-St-Zip: FILED Apr 28, 2003 Secretary of State

Entity Nan	ne: NORMAND	P DEVELOPMENT, INC.			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	WN POINT RD				
SUITE A JACKSON	VILLE, FL 32257	US			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
	WN POINT RD				
SUITE A JACKSON	VILLE, FL 32257	US			
FEI Number:	59-3348710 I	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
KNOWLES, MARK A 3840 CROWN POINT RD JACKSONVILLE, FL 32257 US			SUITE A	3840 CROWN POINT RD	
The above in the State	named entity sub of Florida.	mits this statement for the p	urpose of changing its registered	d office or registered agent, or both,	
SIGNATURE: MARK A. KNOWLES				04/28/2003	
	Electronic	Signature of Registered Age	ent	Date	
	npaign Financing Tr S AND DIRECTO	rust Fund Contribution(). RS:	ADDITIONS/CHANGE	S TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () De COLLINS, JOSEPH 3840 CROWN POI JACKSONVILLE, F	I D NT RD SUITE A	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VT () De KNOWLES, MARK 3840 CROWN POI JACKSONVILLE, F	A NT RD SUITE A	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name:	VS () De		Title: Name:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: MARK A. KNOWLES V 04/28/2003