

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

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

04-28-2003 91384 030 ***150.00

DOCUMENT # P96000068656

1. Entity Name
NOR-TEC ELECTRIC, INC.



Principal Place of Business
683 SW WHITMORE DR
PORT ST LUCIE FL 34948
US

Mailing Address
501 SW PRADO AVENUE
PORT ST LUCIE FL 34983

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0690190**

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

NORTON, BARRY
501 SW PRADO AVENUE
PORT ST LUCIE FL 34983

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	NORTON, BARRY	
STREET ADDRESS	501 SW PRADO AVENUE	
CITY-ST-ZIP	PORT ST LUCIE FL 34983	
TITLE	D	<input type="checkbox"/> Delete
NAME	NORTON, JOANN	
STREET ADDRESS	501 SW PRADO AVENUE	
CITY-ST-ZIP	PORT ST LUCIE FL 34983	
TITLE	D	<input type="checkbox"/> Delete
NAME	DELANO, JOSEPH	
STREET ADDRESS	213 SW LUCERO DR	
CITY-ST-ZIP	PT ST LUCIE FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	NORTON, JANET	
STREET ADDRESS	24 C MULBERRY CT, BARKLEY WOODS	
CITY-ST-ZIP	BRIELLE NJ 08730	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/03 772-785-6001

Date

Daytime Phone #

CR2E034 (10/02)

0606965
AV