

**FILED**  
**May 05, 2000 8:00 am**  
**Secretary of State**

UUU44000



DO NOT WRITE IN THIS SPACE

DOCUMENT # P96000069462			
1. Entity Name			
J. NORICK & CO.			
Principal Place of Business		Mailing Address	
12769 W FOREST HILL BLVD SUITE E WELLINGTON FL 33414		12769 W FOREST HILL BLVD SUITE E WELLINGTON FL 33414-4760	
2. Principal Place of Business		3. Mailing Address	
12773 W Forest Hill Blvd. Suite, Apt. #, etc. Suite 1201 City & State Wellington, FL		12773 W Forest Hill Blvd. Suite, Apt. #, etc. Suite 1201 City & State Wellington, FL	
Zip	Country	Zip	Country
33414	Palm Beach	33414	Palm Beach

4. FEI Number	65-0701959	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

33414 Palm Beach 33414 Palm Beach		33414 Palm Beach	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HARRIS, JOHN D 12769 W FOREST HILL BLVD SUITE E WELLINGTON FL 33414		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		12773 W Forest Hill Blvd	
		Suite 1201	
		City	Zip Code
		Wellington	FL 33414

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

<p>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)</p>	<p><b>FILE NOW!!! FEE IS \$150.00</b>  <b>After MAY 1, 2000 Fee will be \$550.00</b>  <b>Make Check Payable to Department of State</b></p>	<p>10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees</p>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP NORICK, JOE 13860 WILLINGTON TRACE, STE 288 WELLINGTON 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
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
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 ~~the~~ empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_

Daytime Phone #

4-25-00