

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

FILED
May 02, 2005 08:00 AM
Secretary of State

ATX1

DOCUMENT # P96000074124
1. Entity Name
NORRIS WOODWORKS INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 11789 MUD LAKE RD		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State GLEN SAINT MARY, FL		City & State	
Zip 32040	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3399074		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

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IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name NORRIS, CHARLES F., JR.	
Street Address (P.O. Box Number is Not Acceptable) 10499 MUD LAKE RD	
City GLEN SAINT MARY	Zip Code 32040

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** _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	D NORRIS, CHARLES F., JR. 10499 MUD LAKE RD GLEN SAINT MARY, FL 32040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NORRIS, TERRI L. 10499 MUD LAKE RD GLEN SAINT MARY, FL 32040
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **CHARLES F. NORRIS, JR.**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **4/28/30** **904 275-2295**
Date **Daytime Phone #**