FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

	# DOCCOOLS		100	<u>' </u>	₇ Secreta	ry of State
DOCUMENT # P96000074124 1. Entity Name						
i. Chilly Name			,			
NIODDIO MO ODMO	DV0 010			1	•	
NORRIS WOODWORKS INC						
DO NOT WRITE IN THIS S				(CE	l ·	
2. Principal Place of Business		3. Mailing Address			4	
11789 MUD LAKE RD		3. Walling Address			}	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE	
City 2 State		City 9 State			4 EFI Number	
City & State GLEN SAINT MARY, FL		City & State		4. FÉI Number 59-3399074	Applied For Not Applicable	
Zip	Country	Zip	TC	ountry		\$8,75 Additional
32040	İ		L		5. Certificate of Status Desired	Fee Required
					e and Address of Current Reg	stered Agent
· · · · · · · · · · · · · · · · · · ·	Name Name Name Name Name Name Name Name					
	RITE	Street Addr		ress (P.O. Box Number is Not Acceptable)		
	N THIS SP	XXE THING		10499 MUD L	AKE RD	
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				City	F1	Zíp Čode
111-111				GLEN SAINT	MARY FL	32040
8. The above named	d entity submits this s	tatement for the purp	oose of	f changing its re	egistered office or registered age	nt, 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.	r registered agent and title	ir applica	ible. (NOTE: Regis	tered Agent signature required when reins	ating) DATE
After Ma	iy 1, Fee is \$550.00				9. Election Campaign Financing	\$5.00 May Be
Amended UBR is \$61.25 Make Check Payable to Florida Department of State					Trust Fund Contribution.	Added to Fees
<u>Make Спеск Payable</u> 10.	OFFICERS AN	D DIRECTORS	1 11.			 -
TITLE	D	7.0 % Actua.		TLE TO ACTION		Designation of
NAME	NORRIS, CHARLES 10499 MUD LAKE R					reference de la companya de la comp
STREET ADDRESS CITY-ST-ZIP	GLEN SAINT MARY,			REET ADDRESS		
TITLE	D		To Th	re registration	30732600000	
	NORRIS, TERRI L.	Б		ME. 33.53.53.53	15/14/05-80045-	
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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.						
Older						
SIGNATURE:	C1112	CHARLES F.				04 275-2295
SIGNA	TURE AND TYPED OR	PRINTED NAME OF S	IGNING	OFFICER OR D	RECTOR / Date D	aytime Phone #