

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

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90442 004 ***150.00

DOCUMENT # P96000074124

1. Entity Name

NORRIS WOODWORKS INC

DO NOT WRITE IN THIS SPACE

60031173

2. Principal Place of Business
11789 MUD LAKE ROAD

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
GLEN SAINT MARY, FL

City & State

4. FEI Number
59-3399074

Applied For
☐ Not Applicable

Zip
32040

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

**DO NOT WRITE
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

FL

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
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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

4-14-06
Date

904 275-2295
Daytime Phone #