

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000095323

1. Entity Name

J. & B. NORRIS ENTERPRISES, INC.

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

05-05-2000 90065 039 ***150.00

Principal Place of Business

Mailing Address

3201 LAWN AVENUE
TAMPA FL 33611

3201 LAWN AVENUE
TAMPA FL 33611-1928

2. Principal Place of Business

3. Mailing Address

3616 W. Royal Palm Circle
Suite, Apt. #, etc.

3616 W. Royal Palm Circle
Suite, Apt. #, etc.

TAMPA

TAMPA

FLORIDA

FLORIDA

Zip
33629

Country
USA

Zip
33629

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3038881

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NORRIS, AGNES L
3201 LAWN AVENUE
TAMPA FL 33611

3616 W. Royal Palm Circle
Tampa, FL 33629

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	NORRIS, JOHN M	
STREET ADDRESS	3201 W. LAWN AVE	3616 W. Royal Palm Circle
CITY-ST-ZIP	TAMPA FL 33611	Tampa, FL 33629
TITLE	V	<input type="checkbox"/> Delete
NAME	NORRIS, AGNES L	
STREET ADDRESS	3201 W. LAWN AVE	3616 W. Royal Palm Circle
CITY-ST-ZIP	TAMPA FL 33611	Tampa, FL 33629
TITLE		<input type="checkbox"/> Delete
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

813-839-4187

CR2E034 (9/99)