

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 23, 2001 8:00 am**
Secretary of State

04-23-2001 90062 025 ***150.00

DOCUMENT # P98000021130

1. Entity Name

RONALD K. NORTON, INC.

Principal Place of Business

629 NE 3RD ST.
DANIA FL 33004

Mailing Address

629 NE 3RD ST.
DANIA FL 33004

2. Principal Place of Business

111 SE 2nd AVE

3. Mailing Address

111 SE 2nd AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DANIA FL

City & State

DANIA FL

Zip

33004

Country

USA

Zip

33004

Country

USA

4. FEI Number

65-0818582

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

NORTON, RONALD K
629 NE 3RD ST.
DANIA FL 33004

Name

Street Address (P.O. Box Number is Not Acceptable)

111 SE 2nd AVE

City

DANIA

FL

Zip Code

33004

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

Ronald K. Norton

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

(NOTE: Registered Agent signature required when reinstating)

4/18/01

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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 NAME STREET ADDRESS CITY-ST-ZIP	DPPS NORTON, RONALD K 629 NE 3RD ST. DANIA FL 33004	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT NORTON, RONALD K 629 NE 3RD ST. DANIA FL 33004	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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"/> 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 like empowered.

SIGNATURE:

Ronald K. Norton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/01

Date

Daytime Phone #

CR2E034 (10/00)