2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2001 8:00 am
Secretary of State
01-16-2001 90044 014 ***150.00

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DOCUMENT # P98000047113 .

1. Entity Name
NORSPEC, INC.

Principal Place of Business	Mailing Address
~~6021 JAVA PLUM LANE~~ ~~BRADENTON FL 34203~~	~~6021 JAVA PLUM LANE~~ ~~BRADENTON FL 34203~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4719 COMPASS DR.	4719 COMPASS DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
BRADENTON, FL	BRADENTON FL
City & State	City & State
Zip 34208 Country U.S.A	Zip 34208 Country U.S.A

4. FEI Number 65-0840197 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

NORMAN, RALPH G
6021 JAVA PLUM LANE
BRADENTON FL 34203

7. Name and Address of New Registered Agent

Name SAME
Street Address (P.O. Box Number is Not Acceptable)
4719 COMPASS DR
City BRADENTON FL FL Zip Code 34208

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, 2001 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD NORMAN, RALPH G ~~6021 JAVA PLUM LANE~~ ~~BRADENTON FL 34203~~	☐ Delete	☑ Change ☐ Addition	4719 COMPASS DR. BRADENTON, FL 34208
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S NORMAN, SHERRY A ~~6021 JAVA PLUM LANE~~ ~~BRADENTON FL 34203~~	☐ Delete	☑ Change ☐ Addition	4719 COMPASS DR BRADENTON, FL 34208
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition	
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition	

CR2E034 (10/00)

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: Ralph G. Norman RALPH G. NORMAN 1/8/2001 941 744-5464
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #