

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

04-07-2003 90958 033 \*\*\*150.00

**DOCUMENT # P98000053289**

1. Entity Name  
**NORRIS CABINETS, INC.**



Principal Place of Business  
**8163 SE 123<sup>RD</sup> AVE  
JASPER FL 32052**

Mailing Address  
**8163 SE 123<sup>RD</sup> AVE  
JASPER FL 32052**



2. Principal Place of Business

**8163 SE 123 Rd Ave**

Suite, Apt. #, etc.

3. Mailing Address

**8163 SE 123 Rd Ave**

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3526543**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

## 6. Name and Address of Current Registered Agent

**NORRIS, JIMMY C SR  
8151 SE 123RD AVE  
JASPER FL 32052**

## 7. Name and Address of New Registered Agent

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. 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

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>NORRIS, JIMMY C SR.</b>	
STREET ADDRESS	<b>8151 SE 123RD AVE</b>	
CITY-ST-ZIP	<b>JASPER FL 32052</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>NORRIS, JIMMY C JR</b>	
STREET ADDRESS	<b>P.O. BOX 1267</b>	
CITY-ST-ZIP	<b>LIVE OAK FL 32064</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>NORRIS, LOUISE E</b>	
STREET ADDRESS	<b>8151 SE 123<sup>RD</sup> AVE</b>	
CITY-ST-ZIP	<b>JASPER FL 32052</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>NORRIS, MARCIA M</b>	
STREET ADDRESS	<b>P.O. BOX 1267</b>	
CITY-ST-ZIP	<b>LIVE OAK FL 32060</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>8151 SE 123 RD Ave</b>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Signature Required* **Norris**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-03-03 386-792-1319**  
Date Daytime Phone #

CR2E034 (10/02)