

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000084765**

1. Entity Name

NORRIS FLORIDA INC.**FILED****Sep 11, 2000 8:00 am**
Secretary of State

09-11-2000 90073 035 ***550.00

Principal Place of Business

2 FELWOOD LANE
%NORRIS CRAZYCRAB RESTAURANT
PALM COAST FL 32137

Mailing Address

5949 HIGHWAY A1A
%NORRIS CRAZYCRAB RESTAURANT
PALM COAST FL 32137

2. Principal Place of Business

5949 Highway A1A

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3538276

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

DUNCAN, DONALD W PA
25 FLORIDA PARK DRIVE #B
PALM COAST FL 32137

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.

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 \$550.00**
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be**
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	MORRIS, CLARENCE JR	
STREET ADDRESS	5949 HIGHWAY A1A	
CITY-ST-ZIP	PALM COAST FL 32137	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	MORRIS, VICKY	
STREET ADDRESS	179 LONDON DRIVE	
CITY-ST-ZIP	PALM COAST FL 32137	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	MORRIS, NANCY	
STREET ADDRESS	2 FELWOOD LANE	
CITY-ST-ZIP	PALM COAST FL 32137	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT & DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES E. NORRIS	
STREET ADDRESS	179 LONDON DRIVE	
CITY-ST-ZIP	PALM COAST, FL 32137	
TITLE	SECRETARY & TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VICKY NORRIS	
STREET ADDRESS	179 LONDON DRIVE	
CITY-ST-ZIP	PALM COAST, FL 32137	
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		
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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9-5-00 904-447-5731

CR2E034 (5/00)