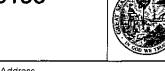
2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) P98000108196

DOCUMENT # 1. Entity Name

NORRIS NEON, INC.



| FILED | |
|--------------------------------|----|
| Mar 31, 2003 8:00 am | Ma |
| Secretary of State | |
| 03 31 2003 00206 012 ***150 00 | |

| Principal Place of Business 1957 BLANDING BLVD. JACKSONVILLE FL 32210 Mailing Address 1957 BLANDING BLVD JACKSONVILLE FL 32210 JACKSONVILLE FL 32 | | | | | | | | | | | | |
|---|---|---|---------------------|------------|--|---|--------------------------------|---|------------|------------|-----------------|--|
| Principal Place of Business Address Address | | | | ng Address | | • | | 1 | | | | |
| Suite, Apt. | #, etc. | | Suite, Apt. #, etc. | | | | ☐ CHECK HERE IF MAKING CHANGES | | | | | |
| City & State | | | City & State | | | 4. F | 59-3551217 | | | oplied For | | |
| Zip | | Country | Zip | | Country | | 5. 0 | Certificate of Status Desired | | 8.75 Add | ditional | |
| 6. Name and Address of Current Register | | | | Agent | | | 7. N | lame and Address of New Reg | istered Ag | ent | | |
| FAIRCHILD, RONALD D 1000 RIVERSIDE AVE., STE. 500× 100 | | | | | | Name Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| JĄCKSON | VILLE FL 3 | 2204 | | | | | | | | | | |
| , , , | ; | 第 第 | | | City | | | , <u>, , , , , , , , , , , , , , , , , , </u> | FL | Zip Cod | e | |
| 8. The above the obligation | 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 | | | | | | | | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State | | | | | | _ | | Election Campaign Finan Trust Fund Contribution. | cing | | 0 May Be | |
| 10. | | OFFICERS AND I | DIRECTOR | S | 11. | | AD | DITIONS/CHANGES TO OFFICE | RS AND D | IRECTOR | S IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | FOBY H NDING BLVD. VILLE FL 32210 | | Delete . | TITLE NAME STREET ADDRES CITY-ST-ZIP | | ris, | Toby H anding Blvd wille, FL 32210 | [| X Change | ☐ Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 1000 RIVE |), ronald d RSIDE AVE., STE. 500 VILLE FL 32204 | | ☐ Delete | TITLE NAME STREET ADDRES CITY-ST-ZIP | 100 Jac | | ld, Ronald D. verside Ave., Ste wille, FL 32204 | | XI Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | الوان المعرضة منهيد الجر | = | Delete | TITLE - NAME STREET ADORES CITY-ST-ZIP | 1957 | 'Bla | or, Helen anding Blvd. ville, FL 32210 |] | Change | . ☑ Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | ☐ Delete | TITLE NAME STREET ADORES: CITY-ST-ZIP | | | • | E | Change | ☐ Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 3 | | | Ĉ | Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | S | | | | _ Change | Addition | |

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.

TOBY H. NORRIS President

SIGNATURE:

3/26/3 (904) 384-0801

SIGNATURE: