

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000018851

1. Entity Name
DAVID NORTON FILMS INC.

FILED
Feb 13, 2000 8:00 am
Secretary of State

02-13-2000 90020 003 ***150.00

Principal Place of Business

1600 MOUNT VERNON ST
ORLANDO FL 32803

Mailing Address

1600 MOUNT VERNON ST
ORLANDO FL 32803-5509

2. Principal Place of Business

5 BROADWAY CT.

Suite, Apt. #, etc.

3. Mailing Address

5 BROADWAY CT.

Suite, Apt. #, etc.

City & State

ORLANDO, FL.

City & State

ORLANDO, FL.

4. FEI Number

59-3620215

Applied For

Not Applicable

Zip
32803

Country

Zip

32803

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NORTON, MARGOT
1600 MOUNT VERNON ST
ORLANDO FL 32803

7. Name and Address of New Registered Agent

Name
NORTON, MARGOT
Street Address (P.O. Box Number is Not Acceptable)
5 BROADWAY COURT
City
ORLANDO FL Zip Code
32803

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 MARGOT NORTON - SECRETARY

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

(NOTE: Registered Agent signature required when reinstating)

2/1/2000

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, 2000 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
DAVID NORTON
5 BROADWAY CT
ORLANDO, FL 32803 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SECRETARY
MARGOT NORTON
5 BROADWAY CT
ORLANDO, FL 32803 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
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TITLE
NAME
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CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
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CITY-ST-ZIP
☐ Change ☐ 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: MARGOT NORTON MARGOT NORTON 2/1/2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(LEGAL Signature)

Date

Daytime Phone #

407-425-0202

CR2E034 (9/99)