

2000 UNIFORM BUSINESS REPORT (UBR)

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FILED
Apr 24, 2000 8:00 am
Secretary of State

02-28-2000 90179 005 ***150.00

DOCUMENT # P99000019824

1. Entity Name
D. & F. NORRIS, INC

Principal Place of Business Mailing Address
 1345 ROYAL PALM DR. 1345 ROYAL PALM DR.
 ST. PASADENA FL 33707 ST. PASADENA FL 33707-3927

2. Principal Place of Business 3. Mailing Address
1345 Royal Palm Dr Suite, Apt. #, etc.

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
St PASADENA FL. City & State

Zip Country Zip Country
33707 USA Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
59-3566899 Not Applicable

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

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

NORRIS, DIANNE L
 1345 ROYAL PALM DR.
 ST. PASADENA FL 33707

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NORRIS, DIANNE 1345 ROYAL PALM DR. ST. PASADENA FL 33707	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST NORRIS, FRANK 1345 ROYAL PALM DR. ST. PASADENA FL 33707	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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]* *2-1-2000* *727-348-6727*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #