

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000019824

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

FILED
Jan 14, 2002 8:00 am
Secretary of State

01-14-2002 90018 017 ***150.00

0446178 AV

Principal Place of Business

Mailing Address



2. Principal Place of Business

3. Mailing Address

2802 53 ST. S

2802 53 ST. S

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

GULFPORT FL

City & State

GULFPORT FL

Zip

33707

Country

USA

Zip

33707

Country

USA

4. FEI Number

59-3566899

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



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

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 \$150.00
After May 1, 2002 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



Dianne L. Norris
2802 53rd Street S.
Gulfport, FL 33707-5446

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

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☐ 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:

Dianne L. Norris
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-5-02 727-409-5121

10/040320