2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 04, 2003 8:00 am
Secretary of State
08-04-2003 90151 021 ***550.00

0060800 AV

DOCUMENT # P99000068423

1. Entity Name
MARK JOSEPH NORMAN, P.A.

Principal Place of Business	Mailing Address
2761 VILLAGE BLVD.. APT. 404 WEST PALM BEACH FL 33409-6928	2761 VILLAGE BLVD.. APT. 404 WEST PALM BEACH FL 33409-6928

2. Principal Place of Business	3. Mailing Address
2873	2873
Suite, Apt. #, etc. D	Suite, Apt. #, etc. D
City & State Wellington, Fl	City & State Wellington, Fl
Zip 33414 Country USA	Zip 33414 Country USA

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0935445 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

NORMAN, MARK J
2761 VILLAGE BLVD., APT. 404
WEST PALM BEACH FL 33409-6928

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] DATE 8-1-2003
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $550.00
After September 10, 2003 Fee will be $750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NORMAN, MARK J 2761 VILLAGE BLVD., APT. 404 WEST PALM BEACH FL 33409-6928	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (4/03)

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.

SIGNATURE: SIGNATURE REQUIRED 8-1-2003 (561)762-3226
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #