

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90623 014 ***150.00

DOCUMENT # P9900008 0974

1. Entity Name

NORM DEVELOPERS CORP.

Principal Place of Business

Mailing Address

18320 Gulf Blvd
 Redington Shores FL
 33708

Same

2. Principal Place of Business

3. Mailing Address

18320 Gulf Blvd

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
 Redington Shores FL

City & State

4. FEI Number

59-3653060

Applied For

Not Applicable

Zip
 33708

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

659275

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Swisher, John
 669 1st Ave N
 St. Pete FL 33701

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 WITH FEE TO \$150.00

AFTER MAY 1, 2001 Fee will be \$550.00

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
 Smith, Barry D PST 669 1st Ave N St Pete FL 33701 ☐ Delete

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

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TITLE NAME STREET ADDRESS 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Barry Smith, D PST Norm Developers

4-28-01 3209306

CR2E034 (1/1/00)