


**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 14, 2003 8:00 am
Secretary of State

05-14-2003 90141 018 ***150.00

DOCUMENT # 587383

1. Entity Name
NEW 201 CORPORATION



Principal Place of Business
**4 BRIGHT WATER CIRCLE N.E.
ST. PETERSBURG FL 33704
US**

Mailing Address
**4 BRIGHT WATER CIRCLE N.E.
ST. PETERSBURG FL 33704
US**

2. Principal Place of Business
SAME AS ABOVE

3. Mailing Address
SAME AS ABOVE

City & State
Zip Country

4. FEI Number **59-186 1076**

Applied For
 Not Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
**JOSEPH P. DAVENPORT
4 BRIGHT WATER CIRCLE N.E.
ST. PETERSBURG FL 33704**

7. Name and Address of New Registered Agent

Name *Same*

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code **33704**

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 *J.P. Davenport* DATE

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

TITLE	PSDT	<input type="checkbox"/> Delete
NAME	DAVENPORT, JOSEPH	
STREET ADDRESS	4 BRIGHT WATER CIRCLE N.E.	
CITY-ST-ZIP	ST. PETERSBURG FL 33704	
TITLE		<input type="checkbox"/> Delete
NAME	<i>Same as above</i>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>None</i>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *J.P. Davenport* **SIGNATURE REQUIRED** *president* **4/16/03** *727-894-1204*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)