2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

Mar 03, 2003 8:00 am Secretary of State **DOCUMENT # 740976** 1. Entity Name 03-03-2003 90436 021 ****61.25 NEWPORTER MAINTENANCE CORPORATION, INC. Principal Place of Business Mailing Address 5539 MARINE PARKWAY P. O. BOX 1175 **NEW PORT RICHEY FL 34652** NEW PORT RICHEY FL 34656-1175 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 59-2246808 Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent A CONTRACTOR OF THE PROPERTY AND ADMINISTRATION OF THE PARTY A EPTING, PATRICK Street Address (P.O. Box Number is Not Acceptable) 6806 CECELIA DR. NEW PORT RICHEY FL 34656-1175 City Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE Change ☐ Addition ANTHONY, CHARLES R NAME NAME STREET ADDRESS 5539 MARINE PARKWAY STREET ADDRESS CITY-ST-ZIP **NEW PORT RICHEY FL 34652** CITY-ST-ZIP STD TITLE ☐ Delete TITLE ☐ Change ☐ Addition EPTING, PATRICK NAME NAME STREET ADDRESS 5539 MARINE PARKWAY STREET ADDRESS CITY-ST-ZIP **NEW PORT RICHEY FL 34652** CITY-ST-ZIP ٧D Delete TIT! F Change ☐ Addition RONA, GABOR A NAME NAME STREET ADDRESS 5539 MARINE PARKWAY STREET ADDRESS CITY-ST-ZIP NEW PORT RICHEY FL 34652 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME

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 617, 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

727/841-8225

FILED