

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 18, 2000 8:00 am**  
**Secretary of State**

01-18-2000 90148 039 \*\*\*150.00

**DOCUMENT # K91814**

1. Entity Name  
**NEW PRODUCTS RESOURCES OF FLORIDA, INC.**

00009014



DO NOT WRITE IN THIS SPACE

Principal Place of Business 7600 BAYSHORE DR. UNIT 603-A TREASURE ISLAND FL 33706	Mailing Address 7600 BAYSHORE DR. UNIT 603-A TREASURE ISLAND FL 33706-3533
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2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number **59-2952120**      Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**  
**ROBERT H HOMAN**  
**7600 BAY SHORE DRIVE (603 A)**  
**TREASURE ISLAND FL 38706-0553**

**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.

SIGNATURE \_\_\_\_\_ (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, 2000 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**       Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**       Change       Addition

TITLE **D**       Delete  
 NAME **HOMAN, ROBERT**  
 STREET ADDRESS **7600 BAYSHORE DR #603-A**  
 CITY-ST-ZIP **TREASURE ISLAND FL**

TITLE       Change       Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**       Delete  
 NAME **HOMAN, NELLE**  
 STREET ADDRESS **7600 BAYSHORE DR #603-A**  
 CITY-ST-ZIP **TREASURE ISLAND FL**

TITLE       Change       Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE       Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE       Change       Addition  
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 STREET ADDRESS  
 CITY-ST-ZIP

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

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

**1/8/00**      **727-367-5516**  
 Date      Daytime Phone #

CR2E034 (9/99)