2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

L41705 **DOCUMENT #**



FILED Mar 20, 2003 8:00 am Secretary of State

1. Entity Nar NEW MA		SYSTEMS, INC.						03-20-2003	901060	04 ***150	0.00	
Principal Place of Business 28029 OAK LANE BONITA SPRINGS FL 34135			2802	Mailing Address 28029 OAK LANE BONITA SPRINGS FL 34135								
2. Principal	Place of Busine	ss	3 . Ma	iling Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES					
City & State			City & State			4.		FEI Number 65-020145	3		Applied For	
Zip		Country	Zip		Count	ry	5. (Certificate of Status Desired		\$8.75 A Fee Requi	dditional	
	6. Name a	nd Address of Currer	ıt Register	ed Agent	ا بيد. م	نجب كيون	7 N	Name and Address of New	Registered	Agent		
			<u> </u>			Name			-			
SPICHER, DAVID D 28029 OAK LANE						Street Address (P.O. Box Number is Not Acceptable)						
BONITA	SPRINGS FL 3	34135			ľ							
						City			FI			
8. The above the obliga	e named entity s	submits this statement	for the purp	oose of changing its	registere	d office or reg	istered age	ent, or both, in the State of F	Florida. I am	n familiar with	, and accept	
	tions of register	ed agent.										
SIGNATURE	tions of register	ed agent. printed name of registered agen	nt and title if app	olicable. (NOTE	E: Registered	Agent signature rec	quired when rei	instating)	DATE			
	Signature, typed or	printed name of registered ager	nt and title if app	Dicable (NOTE	E: Registered	Agent signature rec	quired when rei	instating)	DATE			
F Afte	Signature, typed or FILE NOW!!!	printed name of registered ager FEE IS \$150.00 Fee will be \$550.00)	olicable (NOTE	E: Registered	Agent signature red	quired when rei	• Election Campaign F Trust Fund Contribut	inancing		DO May Be	
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F Afte Make Check .10.	Signature, typed or FILE NOW!!! or May 1, 2003 k Payable to F	printed name of registered ager FEE IS \$150.00 Fee will be \$550.00) of State	PRS	11.	Agent signature red		9. Election Campaign F	inancing ion.	Adde	d to Fees	
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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: 4