

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


FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91455 028 ***150.00

037870 AV

DOCUMENT # P00000074702

1. Entity Name
ROBERT N. NEWMAN, CPA, PA



Principal Place of Business
2826 BROADWAY #206 RIVIERA BEACH FL 33404 US

Mailing Address
2826 BROADWAY #206 RIVIERA BEACH FL 33404 US

2. Principal Place of Business
2826 BROADWAY
Suite, Apt. #, etc.
202

3. Mailing Address
2826 BROADWAY
Suite, Apt. #, etc.
202

City & State
RIVIERA BEACH FL

City & State
RIVIERA BEACH FL

Zip Country
33404 US

Zip Country
33404 US

CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1032442** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**NEWMAN, ROBERT N
2826 BROADWAY #206 RIVIERA BEACH FL 33404**

7. Name and Address of New Registered Agent
Name **ROBERT N NEWMAN, ROBERT N**
Street Address (P.O. Box Number is Not Acceptable)
2826 BROADWAY 202 RIVIERA BEACH FL 33404

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NEWMAN, ROBERT N 1514 WEDGEWOOD PLAZA RIVIERA BEACH FL 33404	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: _____ **REQUIRED** **4/30/03** **561-882-4224**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)