

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

DOCUMENT # *DO1000001042*

02 NOV 12 AM 11:40

1. Entity Name
New Creation Consulting Co.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
244 Green Harbor Rd.
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Old Hickory, TN
Zip
37138 Country
USA

City & State
City & State
Zip
Country

4. FE Number
59-3693639 Applied Fee
Not Applicable

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

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name
Wells, Corita M. Esq.
Street Address (P.O. Box Number is Not Accepted)
1435 W. Busch Blvd., Suite A
City
Tampa FL Zip Code
33612

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: _____ (SEE INSTRUCTIONS) (SEE INSTRUCTIONS) DATE: _____

9. This corporation is eligible to satisfy its intangible tax filing requirements and elects to do so. (See instructions on back.)



10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
*PRESIDENT
SAWVER, MICHAEL A.
244 Green Harbor Rd.
Old Hickory, TN 37138*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
*200008888242
11/08/02--01061--002 **150.00*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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)(b), 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 Book 11 or on an attachment with a address, with all other filers enclosed.

SIGNATURE: *Michael A. Sawyer* 11/1/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE

CR2E034B (12/01)

2/11/102

New Creations Consulting Co.
244 Green Harbor Road
Old Hickory, TN 37138

November 4, 2002

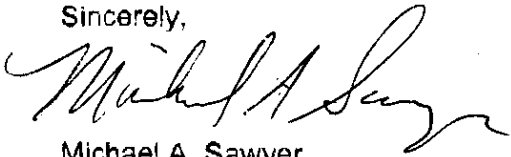
Uniform Business Report
P.O. Box 1500
Tallahassee, FL 32302-1500

To Whom It May Concern:

It has recently come to my attention that I had not renewed my corporation. Please consider waiving the penalty, as I have changed address and have not received a notice. Enclosed is the original filing fee of \$150 and a UBR report that I downloaded from your Website.

Thank you in advance for your consideration.

Sincerely,



Michael A. Sawyer
President