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

## **FILED** May 01, 2002 8:00 am Secretary of State

Applied For

\$8.75 Additional

Not Applicable

05-01-2002 91526 032 \*\*\*150.00

DATE

DOCUMENT  1. Entity Name	# P01000055838
NEWBERRY	CORPORATE SL, INC.
	•

IN THIS SPACE

SIGNATURE

DC	NOT WRIT	TE IN THIS S	PAC	E	·
2. Principal Place of Business 21301 Powerline Road 21301 Powerline Road					
Suite, Apt. #, etc		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE
Suite 31	.2	Suite 312			
City & State Boca Rat	on, FL	City & State Boca Raton,	FL		4. FEI Number 58-2649116
Zip 33433	Country	Zip 33433	Cour	itry	5. Certificate of Status Desired   \$8.7  Fee R
	···				7. Name and Address of Current Registered Ager
DO NOT WRITE				alock Landers Walters & Vogler ss (P.O. Box Number is Not Acceptable)	

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.

у	5.	5. Certificate of Status Desired			\$8.75 Additional Fee Required	
	7. N	me and Addres	s of Current R	egis	stered Agent	
Name						
	<u>Blalock</u>	<u>Landers</u>	Walters	δ.	Vogler	
Street Ad	dress (P.O. E	ox Number is N	ot Acceptable)			
	802 11t	h Street	West			

FL Bradenton

Tax filing requirement and elects to do so.		After May 1, Amended t	1 Fee is \$150.00 Fee is \$550.00 JBR is \$61.25 to Department of State	10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.  Added to Fees
11.	OFFICERS AND DIR	ECTORS		•
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Steven Levin 21301 Powerline Road Boca Raton, FL 33433	Suite 312	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	DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP	IN THIS SPACE
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TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	-		TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	

(NOTE: Registered Agent signature required when reinstating)

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Steven Levin, President

3/13/02

865-584-4175

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #