## 2001 UNIFORM BUSINESS REPORT (UBR)

## Apr 25, 2001 8:00 am Secretary of State **DOCUMENT # 239378** 1. Entity Name HARLAN NEWTON MAUSOLEUM CORPORATION 4-25-2001 90106 022 \*\*\*150.00 Principal Place of Business Mailing Address 2929 S.E. OCEAN BLVD. 2929 S.E. OCEAN BLVD. APT. 103-5 APT. 103-5 STUART FL 34996-2752 STUART FL 34996-2752 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-0898087 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name **NEWTON.H L** Street Address (P.O. Box Number is Not Acceptable) 2929 S.E. OCEAN BLVD. 103-5 STUART FL 34996 City 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 Signature, typed or printed name of registered agent and title if applicable (NCTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS Delete Change ■ Addition TITLE TITLE NEWTON, H. L. NAME NAME 2929 S.E. OCEAN BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP STUART FL 34996 CITY-ST-ZIP SDT ☐ Delete TITLE Change ☐ Addition TITLE NEWTON, JEAN NAME NAME 2929 S.E. OCEAN BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STUART FL 34996 Change Addition TITLE ☐ Delete TITLE NEWTON, HARLAN JR. NAME NAME JUTZ PINE CREEK DR STREET ADDRESS 5362 BURNING TREE DR. STREET ADDRESS ORLANDO FL 32811 + ZIP OK CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7iP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/01 561-283-72)
Date Dayline Phone #

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