

2002 UNIFORM BUSINESS REPORT (UBR)

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

05-01-2002 91587 028 ***150.00

DOCUMENT # 239378

1. Entity Name

HARLAN NEWTON MAUSOLEUM CORPORATION

Principal Place of Business

2929 S.E. OCEAN BLVD.

APT. 103-5

STUART FL 34996-2718

Mailing Address

2929 S.E. OCEAN BLVD.

APT. 103-5

STUART FL 34996-2718

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0898087

Applied For

Not Applicable

Zip

Country

Zip

Country

34996-2718

34996-2718

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NEWTON, H. L.

2929 S.E. OCEAN BLVD. 103-5

STUART FL 34996

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME **PD**
 STREET ADDRESS **NEWTON, H. L.**
 CITY-ST-ZIP **2929 S.E. OCEAN BLVD.**
STUART FL 34996

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME **SDT**
 STREET ADDRESS **NEWTON, JEAN**
 CITY-ST-ZIP **2929 S.E. OCEAN BLVD.**
STUART FL 34996

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME **VD**
 STREET ADDRESS **NEWTON, HARLAN JR.**
 CITY-ST-ZIP **5472 PINE CREEK DR**
ORLANDO FL 32811

☐ Delete

TITLE
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 CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

H. L. NEWTON

4/15/02 561-283-7277

CR2E034 (9/01)

B0082323



DO NOT WRITE IN THIS SPACE