

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90013 021 ***150.00

DOCUMENT # 241246

1. Entity Name
NEWTON MACHINE AND SUPPLY, INC.

Principal Place of Business

**4 S PARKER AVENUE
4 S.PARKER AVE.
ARCADIA FL 34266
US**

Mailing Address

**PO BOX 1237
ARCADIA FL 34265
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-0916307

Applied For
Not Applicable

Zip

Country

Zip

Country

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 II, JOSEPH L
4 S PARKER AVE
ARCADIA FL 34266**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
<input type="checkbox"/> Delete	STV	NEWTON, JOSEPH L II	4 S PARKER AVENUE ARCADIA FL	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> Delete	P	NEWTON, JOSEPH L, II	4 S PARKER AVENUE ARCADIA FL	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> Delete				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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<input type="checkbox"/> Delete				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> Delete				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> Delete				<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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: *Joe Newton* **JOE NEWTON** 4-26-02 863-494-2212
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)