

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 11, 2003 8:00 am
Secretary of State

08-11-2003 90289 026 ***550.00

0140218 AT

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

2. Principal Place of Business

4597 NW Hwy. 70

3. Mailing Address

Suite, Apt. #, etc.

City & State

Arcadia FL

City & State

Zip

34266

Country

US

Zip

Country

US

4. FEI Number

59-0916307

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

NEWTON II, JOSEPH L

4 S PARKER AVE

ARCADIA FL 34266

7. Name and Address of New Registered Agent

Name

Newton II, Joseph L

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

4597 NW Hwy. 70

City

Arcadia

FL

Zip

34266

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STV
NEWTON, JOSEPH L II
4 S PARKER AVENUE
ARCADIA FL** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
NEWTON, JOSEPH L, II
4 S PARKER AVENUE
ARCADIA FL** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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☐ Delete

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CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STV
Newton, Joseph L, II
4597 NW Hwy 70
Arcadia, FL** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
Newton, Joseph L, II
4597 NW Hwy 70
Arcadia, FL** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/8/03

Date

863-494-2212

Daytime Phone #

CR2E034 (4/03)