

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**

04-30-2001 90144 016 \*\*\*150.00

**DOCUMENT # 459820**

1. Entity Name  
**NEWPORT OF FLORIDA, INC.**

Principal Place of Business <b>6704 MAYBOLE PLACE          TEMPLE TERRACE FL 33617</b>	Mailing Address <b>6704 MAYBOLE PLACE          TEMPLE TERRACE FL 33617</b>
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2. Principal Place of Business <b>1913 S. OAKMONT AVE</b>	3. Mailing Address <b>1913 S. OAKMONT AVE</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>TAMPA FLORIDA</b>	City & State <b>TAMPA, FLORIDA</b>
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Zip <b>33629</b>	Country <b>USA</b>	Zip <b>33629</b>	Country <b>USA</b>
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4. FEI Number <b>59-1549369</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**CHEN, TSONG-MING  
 6704 MAYBOLE PLACE  
 TEMPLE TERRACE FL 33617**

7. Name and Address of New Registered Agent

Name <b>MICHAEL O. ABDONEY</b>
Street Address (P.O. Box Number is Not Acceptable) <b>1913 S. OAKMONT AVE</b>
City <b>TAMPA</b>
State <b>FL</b>
Zip Code <b>33629</b>

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  **MICHAEL O ABDONEY** **4/23/01**  
(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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PD CHEN, TSONG-MING 6704 MAYBOLE PLACE TEMPLE TERRACE FL</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PD MICHAEL O. ABDONEY 1913 S. OAKMONT AVE TAMPA, FL 33629</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S CHEN, YING-MEI 6704 MAYBOLE PLACE TEMPLE TERRACE FL</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S REBECCA ABDONEY 1913 S. OAKMONT AVE TAMPA, FL 33629</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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:  **MICHAEL O ABDONEY** **4/23/01** **(813) 254-2267**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone If

CR2E034 (10/00)