

2000 UNIFORM BUSINESS REPORT (UBR)

0016025

DOCUMENT # 596700

1. Entity Name

CENTRAL FLORIDA LANDCLEARING, INC.

FILED

00 OCT -2 PM 12:15

SECRETARY OF STATE
TALLAHASSEE FLORIDA



REINSTATEMENT

60

Principal Place of Business

122 W 6TH ST
CHULUOTA FL 32766
US

Mailing Address

P.O. BOX 620964
OVIEDO FL 32762-964
US

2. Principal Place of Business

2043 Notwen Ln.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Oviedo FL

City & State

4. FEI Number

59-1897684

Applied For?

Not Applicable

Zip

32765

Country

USA

Zip

Country

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NEWTON, JOE JR
122 W 6TH ST
CHULUOTA FL 32766

7. Name and Address of New Registered Agent

Name Joseph Newton

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

2043 Notwen Ln.

City

Oviedo

FL

Zip Code

32765

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

Joseph Newton

Joseph Newton, P, 9-28-00

Signature, typed or printed name of registered agent and date 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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	NEWTON, JOE JR	
STREET ADDRESS	122 W 6TH ST	
CITY-ST-ZIP	CHULUOTA FL 32766	
TITLE	S	<input type="checkbox"/> Delete
NAME	NEWTON, LINDA	
STREET ADDRESS	2043 NOTWEN ROAD	
CITY-ST-ZIP	OVIEDO FL 32765	
TITLE	VP	<input type="checkbox"/> Delete
NAME	NEWTON JR, JOE	
STREET ADDRESS	2043 NOTWEN ROAD	
CITY-ST-ZIP	OVIEDO FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Newton, Joseph	
STREET ADDRESS	2043 Notwen Ln.	
CITY-ST-ZIP	Oviedo, FL 32765	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Newton Jr, Joe	
STREET ADDRESS	122 W 6th St.	
CITY-ST-ZIP	Chuluota, FL 32766	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	200003417392-0	
STREET ADDRESS	-10/06/00--01108--018	
CITY-ST-ZIP	****758.75 ****758.75	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

Linda Newton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Linda Newton 9-28-00

Date

Daytime Phone #

407-365-5645

CR2E034 (5/00)