

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90772 024 ***150.00

0645188 AT

DOCUMENT # 818481

1. Entity Name
W.S. NEWELL INCORPORATED



Principal Place of Business
**P.O. BOX 241327
MONTGOMERY AL 36124**

Mailing Address
**P.O. BOX 241327
MONTGOMERY AL 36124**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **63-0453037**

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

**BACON, EARL
1602 W. PLAZA DR.
EASTWOOD OFFICE PLAZA
TALLAHASSEE FL 32302**

7. Name and Address of New Registered Agent

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. 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 \$150.00
After May 1, 2003 Fee will be \$550.00
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	P	<input type="checkbox"/> Delete
NAME	NEWELL, W S	
STREET ADDRESS	10480 HIGHWAY 80 EAST	
CITY-ST-ZIP	MONTGOMERY AL 36117	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SAM NEWELL	
STREET ADDRESS	10480 HIGHWAY 80 EAST	
CITY-ST-ZIP	MONTGOMERY AL 36117	
TITLE	VP	<input type="checkbox"/> Delete
NAME	KEITH NEWELL	
STREET ADDRESS	10480 HIGHWAY 80 EAST	
CITY-ST-ZIP	MONTGOMERY AL 36117	
TITLE	S	<input type="checkbox"/> Delete
NAME	NEWELL, SADIE P	
STREET ADDRESS	10480 HIGHWAY 80 EAST	
CITY-ST-ZIP	MONTGOMERY AL 36117	
TITLE	VD	<input type="checkbox"/> Delete
NAME	NEWELL, D K	
STREET ADDRESS	US 80 E	
CITY-ST-ZIP	MONTGOMERY AL	
TITLE	AS	<input type="checkbox"/> Delete
NAME	DERICKSON, T M	
STREET ADDRESS	US 80 E	
CITY-ST-ZIP	MONTGOMERY AL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
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		

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]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-03

Date

Daytime Phone #

CR2E034 (10/02)