

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 04, 2002 8:00 am
Secretary of State

08-04-2002 90158 007 ***550.00

DOCUMENT # F00000002295

1. Entity Name
NEWMILL, INC.

Principal Place of Business
1504 NE 16TH AVE
FORT LAUDERDALE FL 33304

Mailing Address
1504 NE 16TH AVE
FORT LAUDERDALE FL 33304

80133444

2. Principal Place of Business
433 N.E. 1ST AVE
 Suite, Apt. #, etc.

3. Mailing Address
433 N.E. 1ST AVE
 Suite, Apt. #, etc.

City & State
Fort Lauderdale, FL
 Zip
FL, 33301
 Country
U.S.A.

City & State
FT. LAUDERDALE, FL
 Zip
33301
 Country
U.S.A.

4. FEI Number **582499007** Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

VANDENBERG, SAUER
1504 NE 16TH AVE
FORT LAUDERDALE FL 33304

7. Name and Address of New Registered Agent

Name **SAUER VANDENBERG**
 Street Address (P.O. Box Number is Not Acceptable)
433 N.E. 1ST AVE
 City **Fort Lauderdale** FL Zip Code **33301**

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

9. This corporation is eligible to satisfy its intangibles tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00
After September 13, 2002 Fee 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 NAME STREET ADDRESS CITY-ST-ZIP	P VANDENBERG, SAUER 1504 NE 16TH AVE FORT LAUDERDALE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VANDENBERG, SAUER 433 N.E. 1ST AVE FORT LAUDERDALE, FL, 33301	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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:

SIGNATURE SAUER VANDENBERG
 SIGNATURE TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/15/02
 Date

(954) 444-4471
 Office Phone

CR2E034 (4/02)