

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2002 8:00 am
Secretary of State

02-24-2002 90076 013 ***150.00

0500619 AV

DOCUMENT # F01000001676

1. Entity Name

NEWTOWN PAPER COMPANY, INC.

Principal Place of Business

**9145 THE LANE
 NAPLES FL 34109**

Mailing Address

**9145 THE LANE
 NAPLES FL 34109**

2. Principal Place of Business

10621 Airport - Pulling Rd

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SU #6

City & State

Naples, FL

City & State

Zip

34109

Country

Collier

Zip

Country

4. FEI Number

06-1398173

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

TUCKER, E. GLENN

950 N COLLIER BLVS

SUNTRUST CENTRE- STE 204

MARCO ISLAND FL 34145

7. Name and Address of New Registered Agent

Name

ANTHONY SOFOS

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

10621 SU.#6

Airport - Pulling Rd

City

Naples, FL

FL

Zip Code

34109

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/6/02

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 \$150.00
 After May 1, 2002 Fee will be \$550.00
 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 ☐ Delete

**P
 SOFOS, ANTHONY
 9145 THE LANE
 NAPLES FL**

TITLE NAME ☐ Delete

**S
 SOFOS, SUSAN J
 9145 THE LANE
 NAPLES FL**

TITLE NAME ☐ Delete

TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete

TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete

TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete

TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ Addition

TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

TITLE 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)(l), 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 I'm empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/02

Date

941-254-9474

Daytime Phone #

CR2E034 (9/01)