

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F20300

1. Entity Name

NEWLON ASSOCIATES, INC.

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90146 028 ***150.00

Principal Place of Business

12146 CURLEY RD
 PO BOX 547
 SAN ANTONIO FL 33576
 US

Mailing Address

13102 CURLEY RD
 PO BOX 547
 SAN ANTONIO FL 33576-0547
 US

2. Principal Place of Business

3. Mailing Address

P.O. BOX 907

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

SAN ANTONIO, FL

Zip

Country

Zip

Country

33576-0907

4. FEI Number

59-2059577

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NEWLON, JOSEPH A
 13102 CURLEY ROAD
 SAN ANTONIO FL 33576

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.

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 Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 DST
 NEWLON, JOSEPH
 13102 CURLEY RD
 SAN ANTONIO FL ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 DV
 NEWLON, SUZANNE
 13102 CURLEY RD
 SAN ANTONIO FL ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 DP
 NEWLON, TIMOTHY
 11903 MAGNOLIA STREET
 SAN ANTONIO FL ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 D
 NEWLON, JONATHAN
 14104 OLD MISSION ROAD
 SAN ANTONIO FL ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 D
 NEWLON, ALLISON
 11903 OLD MISSION
 SAN ANTONIO FL ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ 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:

JOSEPH NEWLON
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 JOSEPH NEWLON

5-1-00

Date

352-588-3844

Daytime Phone #

CR2E034 (9/99)