

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

05-28-2002 91620 046 \*\*\*150.00

**DOCUMENT # F77894**

1. Entity Name  
**NEW SOURCE MARKETING INCORPORATED**

Principal Place of Business  
**5260 S.W. 111TH TERR  
 FT. LAUDERDALE FL 33328  
 US**

Mailing Address  
**5260 S.W. 111 TERRACE  
 FT. LAUDERDALE FL 33328**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2519641**

Applied For  
 Not Applicable

Zip Country

Zip Country

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

**BARONE, LOUIS A.  
 5260 S.W. 111 TERRACE  
 FT. LAUDERDALE FL 33328**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>P</b> <input type="checkbox"/> Delete
NAME	<b>BARONE, LOUIS A</b>
STREET ADDRESS	<b>5260 SW 111TH TERR</b>
CITY-ST-ZIP	<b>FORT LAUDERDALE FL 33328</b>
TITLE	<input type="checkbox"/> Delete
NAME	
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TITLE	<input type="checkbox"/> Delete
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CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Louis A. Barone*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/10/02 954-434-2394  
 Date Daytime Phone #

11000000

CR2E034 (9/01)

Attachment

SUBJECT: 2002 UNIFORM BUSINESS REPORT # F77894

DATE: MAY 10, 2002

435753

FROM: Louis A. BARONE

Entity Name: NEW SOURCE MARKETING

DOC # F77894

FR ID# 59-2519641

PLEASE BE ADVISED THAT I AM AWARE RETURN IS LATE. CALLED YOUR OFFICE 5/10/02 AND WAS ADVISED TO STATE REASON AND SUBMIT RETURN WITH CK FOR \$150.00

DID NOT <sup>submit</sup> RETURN AS I HAVE BEEN CONSIDERING CLOSING BUSINESS DUE TO NO ACTIVITY. HOWEVER, I RECONSIDERED AND WILL ATTEMPT TO REBUILD MY BUSINESS.

ALSO, I THOUGHT RETURN WAS DUE ON MAY 15.

Thank you

Louis A. Barone