

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 04, 2002 8:00 am**  
**Secretary of State**

02-04-2002 90129 025 \*\*\*150.00

**DOCUMENT # F95000001326**

1. Entity Name

**NEW PATH CAPITAL ONE, INCORPORATED**

Principal Place of Business

1325 AIRMOTIVE WAY. #220  
 RENO NV 89502

Mailing Address

~~1444 DUNDAR AVE~~  
~~OLDSMAR FL 34677~~

New Path C.O., Inc.  
 289 NW 68th Ave  
 Ocala, Florida 34482-8232  
 800-223-5897 Fax 877-436-2269



2. Principal Place of Business

3. Mailing Address

289 NW 68th AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

OCALA, FL

4. FEI Number

88-0318523

Applied For

Not Applicable

Zip

Country

Zip

Country

34482-8232 USA

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

GARY DUNN

~~2368 PODOCORPUS WAY~~  
 CLEARWATER FL 34619

5286 SW 88th PL.  
 Ocala, FL 34476

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, 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 PDC ☐ Delete  
 NAME DUNN, GARY  
 STREET ADDRESS ~~2368 PODOCORPUS WAY~~  
 CITY-ST-ZIP CLEARWATER FL 34619

☒ Change ☐ Addition  
 NAME 5286 SW 88th PLACE  
 STREET ADDRESS Ocala, FL 34476  
 CITY-ST-ZIP

TITLE DC ☐ Delete  
 NAME DUNN, CAROLE  
 STREET ADDRESS ~~2368 PODOCARPS WAY~~  
 CITY-ST-ZIP CLEARWATER FL 34619

☒ Change ☐ Addition  
 NAME 5286 SW 88th PLACE  
 STREET ADDRESS Ocala, FL 34476  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition  
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☐ Change ☐ Addition  
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 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 full power.

SIGNATURE:

*CAROLE DUNN*  
 SIGNATURE REQUIRED  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-17-02

352-861-8900

CR2E034 (9/01)