

2004

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 29, 2004 8:00 am
Secretary of State

01-29-2004 90087 013 ***150.00

DOCUMENT # F95000001326

1. Entity Name

NEW PATH CAPITAL ONE, INCORPORATED



24004338

DO NOT WRITE IN THIS SPACE

 2. Principal Place of Business
289 NW 68TH AVENUE

 3. Mailing Address
SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

 City & State
OCALA FL

City & State

 4. FEI Number
59-3474286

 Applied For
Not Applicable

 Zip
34482-8232

 Country
US

Zip

Country

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

**DO NOT WRITE
IN THIS SPACE**
7. Name and Address of Current Registered Agent

Name GARY DUNN

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

5286 SW 88TH PLACE

City Ocala

FL

 Zip Code
34476

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

January 1 - May 1, Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

 9. Election Campaign Financing
Trust Fund Contribution. ☐
\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

 TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DC
Carole Dunne
5286 SW 88TH Place Ocala FL 34476

 TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

 TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PDC
Gary Dunn
5286 SW 88TH Place Ocala FL 34476

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**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: *Carole Dunne*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-04

Date

Daytime Phone #

CR2E034B (12/02)