

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

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90399 005 ***150.00

DOCUMENT # F95000001326	
1. Entity Name	
NEW PATH CAPITAL ONE, INC.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
289 NW 68TH AVE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
OCALA, FL			
Zip	Country	Zip	Country
34482-8232	U.S.		

DO NOT WRITE IN THIS SPACE

50039046

DO NOT WRITE IN THIS SPACE	4. FEI Number		Applied For
	88-0318523		Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
	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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS		11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREAS / DIR CAROLE DUNN 5286 SW 88TH PLACE OCALA, FL 34476	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES / DIR GARY DUNN 5286 SW 88TH PLACE OCALA, FL 34476	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 Dunn CAROLE DUNN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-15-05