

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90068 003 ***150.00

DOCUMENT # G51006

1. Entity Name

NEWTON MAUSOLEUMS CONSTRUCTION CO.

Principal Place of Business

Mailing Address

~~C. PATRICK DRIVE~~

~~HARBOR BEACH FL 32937~~

~~P.O. BOX 372350~~

~~SATELLITE BEACH FL 32937-0350~~

00033698



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

218 A E. EAU GALLIE BLVD

3. Mailing Address

218 A E. EAU GALLIE BLVD

Suite, Apt. #, etc.

130

Suite, Apt. #, etc.

130

City & State

INDIAN HARBOR BEACH, FL

City & State

INDIAN HARBOR BEACH, FL

Zip

32937

Country

USA

Zip

32937

Country

USA

4. FEI Number

59-2310820

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MOSS, JOEL S.
 47 W. NEW HAVEN AVENUE
 SUITE 200
 MELBOURNE FL 32901

7. Name and Address of New Registered Agent

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

TITLE	PST	<input type="checkbox"/> Delete
NAME	NEWTON, DENNIS	
STREET ADDRESS	P.O. BOX 372350 NA	
CITY-ST-ZIP	SATELLITE BCH. FL 32937	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	218 A E. EAU GALLIE BLVD #130	
CITY-ST-ZIP	INDIAN HARBOR BEACH, FL 32937	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

NEWT350* 329372054 1C99 20 01/05/00
 NOTIFY SENDER OF NEW ADDRESS
 : NEWTON MAUSOLEUM
 PMB 130
 218A E EAU GALLIE BLVD
 INDIAN HARBOR BEACH FL 32937-4875



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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DENNIS J. NEWTON

1 MAR 00

321-777-0988

Date

Daytime Phone #

CR2E034 (9/99)