

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # H31083**

1. Entity Name

NEW WORLD HOMES, INC.**FILED****Feb 08, 2001 8:00 am**
Secretary of State

02-08-2001 90038 009 ***150.00

Principal Place of Business

**P.O. BOX 23865
JACKSONVILLE FL 32241-3865
US**

Mailing Address

**P.O. BOX 23865
JACKSONVILLE FL 32241-3865
US**

2. Principal Place of Business

1761 PRESERVE PT. TER.

3. Mailing Address

1761 PRESERVE PT. TER.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORANGE PARK, FL.

City & State

ORANGE PARK, FL.

Zip

32003

Country

USA

Zip

32003

Country

4. FEI Number **59-2466596**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**FISH, GEORGE W
1761 PRESERVE POINT TERRACE
ORANGE PARK FL 32073**

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, 2001 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	P	<input type="checkbox"/> Delete
NAME	FISH, GEORGE W	
STREET ADDRESS	1761 PRESERVE POINT TERRACE	
CITY-ST-ZIP	ORANGE PARK FL 32073	

TITLE	VP	<input type="checkbox"/> Delete
NAME	FISH, PATRICIA R	
STREET ADDRESS	1761 PRESERVE POINT TERR	
CITY-ST-ZIP	ORANGE PARK FL 32073	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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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		
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
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

George W. Fish **GEORGE W. FISH**

Date

2/4/01 (904) 278-0836

Daytime Phone #

CR2E034 (10/00)