

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H77223

1. Entity Name

NEWTON ENTERPRISES, INC.

Principal Place of Business

4241 116TH TERRACE NO.
CLEARWATER FL 34622-1957

Mailing Address

4241 116TH TERRACE NO.
CLEARWATER FL 33762-4972

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2587367

Applied For

Not Applicable

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

JAMES H. NEWTON, JR.
1639 COBBLE COURT
PALM HARBOR FL 34683

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)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PDC	<input type="checkbox"/> Delete
NAME	JAMES H. NEWTON, JR.	
STREET ADDRESS	1639 COBBLE CT.	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	NEWTON, CHARLES, JR.	
STREET ADDRESS	361 COUNTRYSIDE KEY	
CITY-ST-ZIP	OLDSMAR FL 34677	
TITLE	DVS	<input type="checkbox"/> Delete
NAME	CHARLES L. NEWTON, JR.	
STREET ADDRESS	361 COUNTRYSIDE KEY	
CITY-ST-ZIP	OLDSMAR FL 34677	
TITLE	DCH	<input type="checkbox"/> Delete
NAME	NEWTON, J. HAROLD JR.	
STREET ADDRESS	1272 DARTMOUTH	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE	DVT	<input type="checkbox"/> Delete
NAME	NEWTON, JAME H SR	
STREET ADDRESS	1272 DARTMOUTH	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE		<input type="checkbox"/> Delete
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		
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		
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

Date

Daytime Phone #

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90001 011 ***158.75



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)