

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K20012

1. Entity Name

NEWMANS' CONSTRUCTION CO.

**FILED**  
**Apr 19, 2000 8:00 am**  
**Secretary of State**

04-19-2000 90110 002 \*\*\*150.00

Principal Place of Business

433 CAPE SAN BLAS RD  
PORT ST. JOE FL 32456  
US

Mailing Address

P.O. BOX 188  
PORT ST. JOE FL 32457-0188  
US

2. Principal Place of Business

338 Cape San Blas Rd.

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 188

Suite, Apt. #, etc.

City & State

Port St. Joe, Fla.

Zip

32456

Country

USA

City & State

Port St. Joe, Fla.

Zip

32457-0188

Country

USA

4. FEI Number

59-2919992

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

COSTIN, CHARLES  
413 WILLIAMS AVE  
P.O BOX 248  
PT ST JOE FL 32456

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME D  
STREET ADDRESS NEWMAN, GEORGE S.  
CITY-ST-ZIP 7911 W HWY 98  
PORT ST. JOE FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME D  
STREET ADDRESS NEWMAN, DEBORAH H.  
CITY-ST-ZIP 7911 W HWY 98  
PORT ST. JOE FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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 *Deborah H. Newman* **DEBORAH H. NEWMAN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/00

Date

850-227-1222

Daytime Phone #

CR2E034 (9/99)