

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000014289

1. Entity Name

NEWT'S GOURMET SAUCES, LLC

FILED

01 SEP 24 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

879 COLONIAL DRIVE
TAMPA FL 33613

Mailing Address

P.O. BOX 280663
TAMPA FL 33682-0663

2. Principal Place of Business

3. Mailing Address

879 Colonial Dr.



DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Tampa, FL

4. FEI Number

59-3607113

Applied For

Not Applicable

Zip

Country

Zip

33613

Country

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

DAVIS-MASSEY, MARIAN
879 COLONIAL DRIVE
TAMPA FL 33613

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

Marian Davis-Massey

(NOTE: Registered Agent signature required when reinstating)

9/20/01

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 26, 2001

400004616614--2
-09/28/01--01060--002
*****55.00 *****55.00

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Marian Davis-Massey 879 Colonial Dr. Tampa, FL 33613	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Robert N. Massey 879 Colonial Dr. Tampa, FL 33613	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Marian Davis-Massey

9/20/01

Date

813-979-1294

Daytime Phone #

0008481

CR2E083 (5/01)

STAPLE CHECK HERE