

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 25, 2003 8:00 am**  
**Secretary of State**

02-25-2003 90087 016 \*\*\*\*55.00

DOCUMENT # L01000020044

1. Entity Name

NEWLIN ENTERPRISES, LLC



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

515 HIDDEN LAKE DR

Suite, Apt. #, etc.

3. Mailing Address

515 HIDDEN LAKE DR

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

BRANDON, FL

City & State

BRANDON, FL

4. FEI Number

59-3757376

Applied For

Not Applicable

Zip

33511

Country

USA

Zip

33511

Country

USA

5. Certificate of Status Desired

☒

\$5.00 Additional  
Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

DAVID E. NEWLIN

Street Address (P.O. Box Number is Not Acceptable)

515 HIDDEN LAKE DR

City

BRANDON

FL

Zip Code

33511

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

David E. Newlin

FEB 22, 2003

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State  
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

|                |                    |
|----------------|--------------------|
| TITLE          | MGRM               |
| NAME           | DAVID E. NEWLIN    |
| STREET ADDRESS | 515 HIDDEN LAKE DR |
| CITY-ST-ZIP    | BRANDON, FL 33511  |
| TITLE          | MGRM               |
| NAME           | JANICE R. NEWLIN   |
| STREET ADDRESS | 515 HIDDEN LAKE DR |
| CITY-ST-ZIP    | BRANDON, FL 33511  |
| TITLE          |                    |
| NAME           |                    |
| STREET ADDRESS |                    |
| CITY-ST-ZIP    |                    |
| TITLE          |                    |
| NAME           |                    |
| STREET ADDRESS |                    |
| CITY-ST-ZIP    |                    |
| TITLE          |                    |
| NAME           |                    |
| STREET ADDRESS |                    |
| CITY-ST-ZIP    |                    |
| TITLE          |                    |
| NAME           |                    |
| STREET ADDRESS |                    |
| CITY-ST-ZIP    |                    |

|                |  |
|----------------|--|
| TITLE          |  |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |
| TITLE          |  |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |
| TITLE          |  |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |
| TITLE          |  |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |
| TITLE          |  |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |

**DO NOT WRITE  
IN THIS SPACE**

CR2E083B (12/02)

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:

David E. Newlin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #