

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000035778

1. Entity Name

NEWTON BOYS, INC.

Principal Place of Business

Mailing Address

C/O EDWARD B. GALANTE, ESQ.
516 CAMDEN AVENUE
STUART FL 34994

C/O EDWARD B. GALANTE, ESQ.
516 CAMDEN AVENUE
STUART FL 34994

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

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

GALANTE, EDWARD B
516 CAMDEN AVENUE
STUART FL 34994

Name

RICHARD S ABRAHAM

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

995 N.E. JENSEN BCH BLVD.

City

JENSEN BCH.

FL

Zip Code

34957

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	D	Delete
NAME	GOODWIN, GERRI	
STREET ADDRESS	3569 NORTHEAST LINDA DRIVE	
CITY-ST-ZIP	JENSEN BEACH FL 34957	
TITLE	D	Delete
NAME	ABRAHAM, RICK	
STREET ADDRESS	3569 NORTHEAST LINDA DRIVE	
CITY-ST-ZIP	JENSEN BEACH FL 34957	
TITLE		Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		Change	Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	PRES. D	Change	Addition
NAME	ABRAHAM RICK		
STREET ADDRESS	4102 NEWTON ST		
CITY-ST-ZIP	STUART FL 34957		
TITLE	VP	Change	Addition
NAME	ABRAHAM MARYANN		
STREET ADDRESS	4102 NEWTON ST		
CITY-ST-ZIP	STUART FL 34957		
TITLE		Change	Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		Change	Addition
NAME			
STREET ADDRESS			
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 12, 2001 8:00 am
Secretary of State

02-15-2001 90062 008 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)