## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT #

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

SIGNATURE

P00000061449

1. Entity Name

8062 N 56TH ST.

**TAMPA FL 33617** 

NEWKURK, INC.

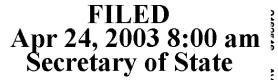


Principal Place of Business Mailing Address



8062 N 56TH ST. TAMPA FL 33617 3. Mailing Address Suite, Apt. #, etc.

City & State



04-24-2003 90180 048 \*\*\*150.00



	Name	
LAGE, TIMOTHY 8062 N 56TH ST.	Street Address (P.O. Box Number is Not Acceptable)	
TAMPA FL 33617		
	City FL	Zip Code

Country

ì.	. The above named entity submits this statement for the purpose of changing its regist	ered office or registered agent	, or both, in the State of Florida.	I am familiar with, and accep	ρt
	the obligations of registered agent.	-			

Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00

Country

6. Name and Address of Current Registered Agent

(NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be

Make Check	Payable to Florida Department of State	•						. —	710000	10 1 005	i
10.	OFFICERS AND DIRECTOR	RS	11.	AD	DITIONS/C	HANGES T	O OFFICERS	AND DI	RECTORS	3 IN 11	i
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAGE, TIMOTHY 2529 W BUSCH BLVD, STE 300 TAMPA FL 33618	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	8062 Tampa	N. 5 o, FL	56+4 c	S4. 1 <b>7</b>	×	<b>C</b> hange	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					<u>.</u>	] Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	and the second s	☐ Delete	TITLE NAME ~Street Address:≃ City-St-Zip	ميو ن .	e energy care	. <b>.</b> .	اجين جميني ي		) Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete 、	TITLE NAME STREET ADDRESS CITY-ST-ZIP	***************************************					Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP						Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP						Change	Addition	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE VALUIRED