

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000081130

1. Entity Name

NEW ADVANCED PRODUCTS INC

FILED

Mar 02, 2001 8:00 am  
Secretary of State

03-02-2001 90077 020 \*\*\*150.00

Principal Place of Business

Mailing Address

4809 CORLETT ST  
TALLAHASSEE FL 32303

4809 CORLETT ST  
TALLAHASSEE FL 32303

2. Principal Place of Business

4779 Woodlane Circle

3. Mailing Address

4779 Woodlane Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tallahassee FL

City & State

Tallahassee FL

Zip

32303

Country

US

Zip

32303

Country

US

4. FEI Number

33-0340643

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MICK, MARVIN R  
4809 CORLETT ST  
TALLAHASSEE FL 32303

7. Name and Address of New Registered Agent

Name

Marvin R Mick

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

4779 Woodlane Circle

City

Tallahassee

FL

Zip Code

32303

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

*Marvin R Mick*

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

(NOTE: Registered Agent signature required when reinstating)

2-27-01

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 P  
NAME MICK, MARVIN R  
STREET ADDRESS 4809 CORLETT ST  
CITY-ST-ZIP TALLAHASSEE FL 32303 ☐ Delete

TITLE V  
NAME WHEELER, ADAM N  
STREET ADDRESS 4809 CORLETT ST  
CITY-ST-ZIP TALLAHASSEE FL 32303 ☐ Delete

TITLE CEO  
NAME MICK, ELLE  
STREET ADDRESS 4809 CORLETT ST  
CITY-ST-ZIP TALLAHASSEE FL 32303 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME Marvin R Mick  
STREET ADDRESS 4779 Woodlane Circle  
CITY-ST-ZIP Tallahassee FL 32303 ☒ Change ☐ Addition

TITLE V  
NAME Adam N Wheeler  
STREET ADDRESS 4779 Woodlane Circle  
CITY-ST-ZIP Tallahassee FL 32303 ☒ Change ☐ Addition

TITLE CEO  
NAME Elle Mick  
STREET ADDRESS 4779 Woodlane Circle  
CITY-ST-ZIP Tallahassee FL 32303 ☒ Change ☐ Addition

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

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

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

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:

*Elle Mick*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-27-01

Date

800-886-2467

Daytime Phone #

CR2E034 (10/00)