

2001 UNIFORM BUSINESS REPORT (UBR)

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

09-12-2001 90009 039 ***550.00

DOCUMENT # P00000086826

1. Entity Name
NEW GROWTH MANAGEMENT, INC.

Principal Place of Business
14880 INNERARITY POINT ROAD
PENSACOLA FL 32507

Mailing Address
14880 INNERARITY POINT ROAD
PENSACOLA FL 32507

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

63-1261024

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HICKS, PRESTON L
1400 E MAXWELL STREET
PENSACOLA FL 32530

7. Name and Address of New Registered Agent

Name **William Shawn Harrison**

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

14880 Innerarity Point Rd

City **Pensacola**

FL

Zip Code **32507**

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 *William S. Harrison*

(NOTE: Registered Agent signature required when reinstating)

8-22-01

Signature, typed or printed name of registered agent and title if applicable.
WILLIAM S. HARRISON - NEW AGENT

PRESTON L. HICKS - FORMER AGENT

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 **Director** ☐ Delete
NAME **Mary E. Harrison**
STREET ADDRESS **14880 Innerarity Point Road**
CITY-ST-ZIP **Pensacola, FL 32507**

TITLE **President** ☐ Delete
NAME **William Shawn Harrison**
STREET ADDRESS **14880 Innerarity Point Road**
CITY-ST-ZIP **Pensacola, FL 32507**

TITLE **Secretary** ☐ Delete
NAME **Theresa L. Kilbourne**
STREET ADDRESS **14880 Innerarity Point Road**
CITY-ST-ZIP **Pensacola, FL 32507**

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 ☐ 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

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: *William S. Harrison*

WILLIAM S. HARRISON

FRES

(800) 264-3998

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)