

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

05-29-2002 90676 040 ***150.00

DOCUMENT # P00000088273

1. Entity Name
NEW CENTURY MANUFACTURING, INC.

Principal Place of Business **Mailing Address**
17341 ALICO CENTER ROAD UNIT 4 STE D **17341 ALICO CENTER ROAD UNIT 4 STE D**
FORT MYERS FL 33916 **FORT MYERS FL 33916**

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 **65-1044854** **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

MCCLELLAN, JOHN
17341 ALICO CENTER ROAD UNIT 4 STE D
FORT MYERS FL 33916

Name **Kammra L Witt**
Street Address (P.O. Box Number is Not Acceptable) **10621 Lippizan Road**
City **FT. MYERS** **FL** **Zip Code** **33913**

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]* **Signature, typed or printed name of registered agent and title if applicable** **(NOTE: Registered Agent signature required when reinstating)** **DATE** **4-28-02**

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ **Delete**
NAME **MCCLELLAN, JOHN A**
STREET ADDRESS **8453 CARDINAL ROAD**
CITY-ST-ZIP **FORT MYERS FL 33912**

TITLE **P** ☒ **Change** ☐ **Addition**
NAME **McClellan, John A**
STREET ADDRESS **10621 Lippizan Road**
CITY-ST-ZIP **Fort Myers, FL 33913**

TITLE **S** ☐ **Delete**
NAME **TEIXEIRA, LINDA L**
STREET ADDRESS **1829 SW 47TH TERR**
CITY-ST-ZIP **CAPE CORAL FL 33914**

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

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

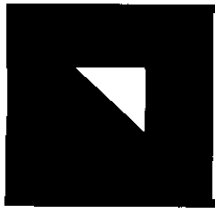
TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

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]* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **John A McClellan** **Date** **5/14/02** **Daytime Phone #**

CR2E034 (9/01)

436461 Attachment
Document # P0000088
273



NEW CENTURY MANUFACTURING, INC.

Solid Surface Countertops. Custom Accessories and much more.

To Whom it May Concern:

Please except this payment
late with out additional fees I
work for New Century MFG, Inc. and
had a personal emergency out of
state and missed getting this out
on time. I called and spoke with
Lynn, she told me to send only
\$ 150.00 and a note stating why
this is late. If there are any
problems please contact me at
239-433-9794 Thank you!
Kammy WDA