

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 11, 2003 8:00 am
Secretary of State

07-11-2003 90045 008 ***150.00

DOCUMENT # P00000092900

1. Entity Name
K.E. NEWMAN ENTERPRISES, INC.



Principal Place of Business
**21301 S. TAMiami TRAIL.
SUITE 320-343
ESTERO FL 33928**

Mailing Address
**21301 S. TAMiami TRAIL.
SUITE 320-343
ESTERO FL 33928**



2. Principal Place of Business
24081 Copperleaf BLVD
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Bonita Springs FL
Zip
34135 Country **USA**

City & State
Zip Country

4. FEI Number **65-1040223**

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**NEWMAN, KAREN E
24081 COPPERLEAF BLVD
BONITA SPRINGS FL 34135**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE **PS**
NAME **NEWMAN, KAREN E**
STREET ADDRESS **21301 S. TAMiami TRAIL, STE. 320-343**
CITY-ST-ZIP **ESTERO FL 33928**

TITLE **VT**
NAME **NEWMAN, DONALD W**
STREET ADDRESS **21301 S. TAMiami TRAIL, STE. 320-343**
CITY-ST-ZIP **ESTERO FL 33928**

TITLE
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CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Pres/Secy**
NAME **KAREN E. Newman**
STREET ADDRESS **24081 Copperleaf BLVD**
CITY-ST-ZIP **BONITA SPRINGS FL 34135**

TITLE **VP Pres - Treas**
NAME **DONALD W. Newman**
STREET ADDRESS **24081 Copperleaf BLVD**
CITY-ST-ZIP **BONITA SPRINGS FL 34135**

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

SIGNATURE: **KAREN E. NEWMAN, PRES.** 07/07/03 239/949/5939
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0138163 AT

CR2E034 (4/03)