

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90040 018 ***150.00

DOCUMENT # P00000101806

1. Entity Name

NEWMAN MAINTENANCE SERVICE, INC.

Principal Place of Business

**5329 RED CEDAR DRIVE
 FORT MYERS FL 33907**

Mailing Address

**5329 RED CEDAR DRIVE
 APT #7
 FORT MYERS FL 33907**

2. Principal Place of Business

2709 Swamp Cabbage Ct.

3. Mailing Address

907 SW 37th Terrace

Suite, Apt. #, etc.

Suite #100

Suite, Apt. #, etc.

City & State

Fort Myers, Florida

City & State

Cape Coral, Florida

Zip

33901

Country

USA

Zip

33914

Country

USA

4. FEI Number

65-1056160

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**NEWMAN, JOHN P
 5329 RED CEDAR DRIVE
 APT #7
 FORT MYERS FL 33907**

7. Name and Address of New Registered Agent

Name

John P Newman

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

907 SW 37th Terrace

City

Cape Coral

FL

Zip Code

33914

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

John P Newman, president

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

(NOTE: Registered Agent signature required when reinstating)

3/10/02

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, 2002 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	PVP	<input type="checkbox"/> Delete
NAME	NEWMAN, JOHN P	
STREET ADDRESS	5329 RED CEDAR DRIVE APT #7	
CITY-ST-ZIP	FORT MYERS FL 33907	
TITLE	TS	<input type="checkbox"/> Delete
NAME	NEWMAN, ANN	
STREET ADDRESS	5329 RED CEDAR DRIVE APT #7	
CITY-ST-ZIP	FORT MYERS FL 33907	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Newman, John P	
STREET ADDRESS	907 SW 37th Terrace	
CITY-ST-ZIP	Cape Coral, FL 33914	
TITLE	TS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Newman, Ann	
STREET ADDRESS	907 SW 37th Terrace	
CITY-ST-ZIP	Cape Coral, FL 33914	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

John P Newman, president

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/02

Date

941 3444454

Daytime Phone #

CR2E034 (9/01)