AMENUED as of 4/1/01 2631 SNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # 100000110593 1. Entity Name NEWNAN INVESTMENTS, INC					FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA			
/V — -		•	•		OI AUG -6 PM 3	· E0	-	
Principal Place of Business Mailing Address .					ָר װוָ פֿ-פֿטאוט	, 30		
2 Ridgedale Ave Ste370 SAME					•			
Cedar Knolls, NJ 07927								
							•	
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			. DO NOT WRITE IN THIS SPACE			
City & State		City & State			4 FEI Number 58-2586/23		Applied For	
Zip	Country	Zip	Country		5. Certificate of Status Desired	\$8.75 A	dditional	٦
	6. Name and Address of Current	l Registered Agent	<u> </u>		7. Name and Address of New Register			\dashv
~ ~ ~	. On Admin EVITCH		Nam	Name			7	
CT CORPORATION SYSTEM 1200 S PINETERAND RD			Stree	Street Address (P.O. Box Number is Not Acceptable)				
PLAN	TATION FL 33324	•						1
			City			Zip Co	de	1
• The above		the common of about 10 to						4
o. THE STICAR	harried entry scorins this statement to	rule pulpose of citaliging it	s registered diffic	a or register	ed agent, or both, in the State of Florida.			
SIGNATURE .					A CONTRACT C	**		
	Signature, typed or printed name of registered agent a	and title if applicable. (NO	TE: Registered Agent s	CONSTRUCTION OF THE PROPERTY O	when reinstating)	Æ		_
-	vation is eligible to satisfy its Intangible equirement and elects to do so.	After MAY 1, 2		a \$550.00	10. Election Campaign Financing Trust Fund Contribution.		.00 May Be	
(See criter	ia on back)	Make Check Pays	bie to Departm	nent of Sta	A STATE CONTINUES.			
11.	OFFICERS AND		12.	\ \ \ / ·	ADDITIONS/CHANGES TO OFFICERS	-/-		46
TITLE NAME	·	Delete	title Name	D//	etoN HERRICK dgedele Ave ste 370 der Knolls NJ 0792:	D Change	- Addition	¹ ≗
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STREET ADDRESS	20 Community Place		STREET ADORE	ESS				
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NAME STREET ADDRESS			NAME Street adore	Ph	in Richards		•	
CITY-ST-ZIP			CITY-ST-ZIP	Mon	ritour NJ 07960			
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CITY-ST-ZIP		stale filling along the success of	CITY-ST-ZIP		netion 110 07/0Vi) Florida Diabata 15			4
indicated of the cor	l on this report or supplemental report is	s true and accurate and that owered to execute this repo	t my signature sh rt as required by	all have the	ection 119.07(3)(i), Florida Statutes. I further same legal effect as if made under oath; th 7, Florida Statutes; and that my name appea	at I am an offici	er or director	
SIGNAT	1			h Herrick	k Pas. 7/30/01 561	-241-9	180	
SIGNAI	SIGNATURE AND TYPED OR F	RINTED NAME BE SIGNING OFFICE	R OR DIRECTOR		Oate	Dayterie Ptena		