

FILED
May 17, 2002 8:00 am
Secretary of State

05-17-2002 90035 026 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000025577

1. Entity Name

NEWMAN CONSTRUCTION, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

#10 RD

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 202

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

SALEM, FL

City & State

SALEM, FL

4. FEI Number

59-3753354

Applied For

Not Applicable

Zip

FL 32356

Country

UNITED STATES

Zip

32356

Country

UNITED STATES

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

WILLIAM M. NEWMAN, JR

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

10155 #10 ROAD

City

SALEM

FL

Zip Code
32356

**DO NOT WRITE
IN THIS SPACE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME
STREET ADDRESS
CITY-ST-ZIP
P/T
WILLIAM MARVIN NEWMAN, JR
PO Box 202 #10 ROAD 10155
SALEM, FL 32356

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V/S
CINAMENT LYNN NEWMAN
PO. Box 202 #10 ROAD 10155
SALEM, FL 32356

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: William Marvin Newman, Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM MARVIN NEWMAN, JR

Date

5/29/02 850-584-9267

Daytime Phone #

CR2E034B (12/01)