

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90161 021 ***150.00

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DOCUMENT # P01000030081

1. Entity Name
JONATHAN W. NEWLON, P.A.



Principal Place of Business
**37947 PASCO AVE
DADE CITY FL 33525**

Mailing Address
**PO BOX 2039
DADE CITY FL 33576**



2. Principal Place of Business
14141 5th Street

Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 2039

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
Dade City, FL

City & State
Dade City, FL

Zip
33525

Country
USA

Zip
33526

Country
USA

4. FEI Number **59-3707779**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**NEWLON, JONATHAN W
37947 PASCO AVE
DADE CITY FL 33525**

7. Name and Address of New Registered Agent

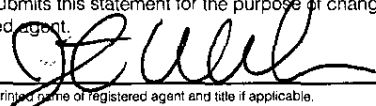
Name
JONATHAN W. NEWLON

Street Address (P.O. Box Number is Not Acceptable)
14141 5th Street

City
Dade City

FL Zip Code
33525

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  DATE **4/24/2003**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	NEWLON, JONATHAN W	14050 OLD MISSION ROAD	DADE CITY FL 33525	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:  DATE **4/24/2003** DAYTIME PHONE # **352-521-3449**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CFR2E034 (10/02)