

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

**FILED**  
**Apr 15, 2003 8:00 am**  
**Secretary of State**

04-15-2003 90090 012 \*\*\*150.00

05/47/9 AV

**DOCUMENT # P01000033271**

**1. Entity Name**  
**NEW VENTURE SERVICES, INC.**



**Principal Place of Business**  
**7180 NW 118 CT**  
**OCALA FL 34482**

**Mailing Address**  
**P O BOX 6905**  
**OCALA FL 34478-6905**  
**US**



**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number** **59-3711622**

Applied For

Not Applicable

Zip

Country

Zip

Country

**5. Certificate of Status Desired** ☐

**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**MURPHY, ROBERT L JR**  
**7180 NW 118 CT**  
**OCALA FL 34482**

Name  
**Murphy, Linda M.**  
Street Address (P.O. Box Number is Not Acceptable)  
**7180 NW 118th Ct.**  
City **Ocala** FL **34482**

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

4/12/03  
DATE

**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** ☐ **\$5.00 May Be  
Trust Fund Contribution. Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE **DP** ☐ Delete  
NAME **MURPHY, ROBERT L JR**  
STREET ADDRESS **7180 NW 118 CT**  
CITY-ST-ZIP **OCALA FL 34482**

TITLE **D/V** ☒ Change ☐ Addition  
NAME **Murphy, Robert L. Jr.**  
STREET ADDRESS **7180 NW 118th Ct.**  
CITY-ST-ZIP **Ocala, FL 34482**

TITLE **DVS** ☐ Delete  
NAME **MURPHY, LINDA M**  
STREET ADDRESS **7180 NW 118 CT**  
CITY-ST-ZIP **OCALA FL 34482**

TITLE **O/P/S** ☒ Change ☐ Addition  
NAME **Murphy, Linda M.**  
STREET ADDRESS **7180 NW 118th Ct.**  
CITY-ST-ZIP **Ocala, FL 34482**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**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: Linda M. Murphy  
SIGNATURE AND TYPED OR PRINTED NAME OF FINANCING OFFICER OR DIRECTOR

4/12/03 352-732-9924  
Date Daytime Phone #

CR2E034 (10/02)