

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

FILED
Apr 02, 2003 8:00 am
Secretary of State

04-02-2003 90052 023 ***150.00

DOCUMENT # P01000070415

1. Entity Name
NEW CENTURY ACTION ANALYSTS, INC.



Principal Place of Business
**226 OCEAN FOREST DR N
ATLANTIC BEACH FL 32233**

Mailing Address
**226 OCEAN FOREST DR N
ATLANTIC BEACH FL 32233**

2. Principal Place of Business

3. Mailing Address

P.O. Box 330518

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Atlantic Beach

4. FEI Number
59-3742955

Applied For
Not Applicable

Zip

Country

Zip
32233

Country
Doral

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

**GEESLIN, JAMES M MD
226 OCEAN FOREST DR N
ATLANTIC BEACH FL 32233**

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

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
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
	D			
	GEESLIN, JAMES M			
	226 OCEAN FOREST DR N			
	ATLANTIC BEACH FL 32233			

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

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:

SIGNATURE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

29 Mar 2003

CR2E034 (10/02)