

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

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 90882 026 ***150.00

DOCUMENT # *P01000093011*

1. Entity Name

S. NEWMAN, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7092 GOODWAY DR

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

BROOKSVILLE, FL 34602

City & State

4. FEI Number

59-3746143

Applied For

Not Applicable

Zip

34602

Country

FLORIDA

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

SCOTT NEWMAN

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

7092 GOODWAY DR

City

BROOKSVILLE

FL

Zip Code

34602

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

X Scott Newman

SCOTT NEWMAN

4/29/02

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 \$500.00

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	<i>P/SIT</i>
NAME	<i>SCOTT NEWMAN</i>
STREET ADDRESS	<i>7092 GOODWAY DR</i>
CITY - ST - ZIP	<i>BROOKSVILLE, FL 34602</i>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
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:

X Scott Newman

SCOTT NEWMAN

4/29/02

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

CR2E034B (12/01)