

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91697 035 ***150.00

DOCUMENT # P01000115063

1. Entity Name
NEW WORLD PARTNERSHIPS, INC.

Principal Place of Business

Mailing Address

~~2000 MAIN STREET~~

~~2000 MAIN STREET~~

~~SUITE 100~~

~~SUITE 100~~

~~SARASOTA FL 34237~~

~~SARASOTA FL 34237~~

2. Principal Place of Business

3. Mailing Address

1702 RINGLING BLVD

1702 RINGLING BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SARASOTA FL

City & State

SARASOTA FL

4. FEI Number

65-1158687

Applied For

Not Applicable

Zip

Country

FL 34236

USA

Zip

Country

34236

USA

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

PARKER, THEODORE ESQ.

2033 MAIN STREET

SUITE 100

SARASOTA FL 34237

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

04-27-02

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **HAMILTON, JOSEPH A**
STREET ADDRESS ~~2033 MAIN STREET #100~~
CITY-ST-ZIP ~~SARASOTA FL 34237~~

☒ Change ☐ Addition
TITLE
NAME
STREET ADDRESS **1702 Ringling Blvd**
CITY-ST-ZIP **SARASOTA FL 34236**

TITLE **D** ☐ Delete
NAME **KELLY, DAVID A**
STREET ADDRESS ~~2033 MAIN STREET #100~~
CITY-ST-ZIP ~~SARASOTA FL 34237~~

☒ Change ☐ Addition
TITLE
NAME
STREET ADDRESS **1702 Ringling Blvd.**
CITY-ST-ZIP **SARASOTA FL 34236**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

DAVID A KELLY

04-27-02 941-374-3352

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)