2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P02000028860 **DOCUMENT #**



NEW LAND TECHNOLOGIES, INC.						03 02 2003 90730 013 130.00		
Principal Plac 5828 STONEW JUPITER FL 3		5828	g Address STONEWOOD CT. ER FL 33458					
2. Principal F	Place of Business	3. Mailing Address				t termont im brine ment beint beint brint brint brint brint inter hours in the brint brint		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			_	CHECK HERE IF MAKING CHANGES		
City & Stat	te	City & State		4.	FEI Number 46-0470707 Applied For Not Applicable			
Zip	Country	Zip		Country	5.	. Certificate of Status Desired \$8.75 Additional Fee Required		
	6. Name and Address of Current	Registere	ed Agent		7.	Name and Address of New Registered Agent		
				Name				
NEWLAND, ROBERT G JR. 5828 STONEWOOD CT. JUPITER FL 33458				Street Addre	Street Address (P.O. Box Number is Not Acceptable)			
JUPITER	FL 33436			City		FL Zip Code		
	e named entity submits this statement for tions of registered agent. What Signature, typed or printed name of registered agent a			egistered office or regi		agent, or both, in the State of Fiorida. I am familiar with, and accept		
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.		
10.	OFFICERS AND	DIRECTO	RS	11.	Δ	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NEWLAND, ROBERT G JR. 5828 STONEWOOD CT. JUPITER FL 33458		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DUNNING, BRADLEY P 5828 STONEWOOD CT. JUPITER FL 33458		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition &		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			Delete	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

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

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