

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91871 024 ***150.00

0592439 AV

DOCUMENT # P02000057797

1. Entity Name

NEW GROWTH CONSTRUCTION, INC.



Principal Place of Business

**1380 GRAND HWY. SECOND FLOOR
CLERMONT FL 34711**

Mailing Address

**1380 GRAND HWY. SECOND FLOOR
CLERMONT FL 34711**

2. Principal Place of Business

P.O. Box 120367

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 120367

Suite, Apt. #, etc.

City & State

Clermont FL

City & State

Clermont FL

Zip

34712-0867

Country

Lahe

Zip

34712-0867

Country

Lahe

4. FEI Number

01-0704747

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

BOYETTE, WADE

**1380 GRAND HWY, SECOND FLOOR
CLERMONT FL 34711**

7. Name and Address of New Registered Agent

Name

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

1635 E. Hwy 50, Third Floor

City

Clermont

FL

Zip Code

34711

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

TITLE	D	<input type="checkbox"/> Delete
NAME	BOYETTE, WADE	
STREET ADDRESS	1380 GRAND HWY, SECOND FLOOR	
CITY-ST-ZIP	CLERMONT FL 34711	
TITLE	D	<input type="checkbox"/> Delete
NAME	STRINGFELLOW, JAYSON	
STREET ADDRESS	1380 GRAND HWY, SECOND FLOOR	
CITY-ST-ZIP	CLERMONT FL 34711	
TITLE	D	<input type="checkbox"/> Delete
NAME	WALLACE, DAVID	
STREET ADDRESS	1380 GRAND HWY, SECOND FLOOR	
CITY-ST-ZIP	CLERMONT FL 34711	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Boyette, Wade	
STREET ADDRESS	1635 E. Hwy 50, Third Floor	
CITY-ST-ZIP	Clermont FL 34711	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Stringfellow, Jayson	
STREET ADDRESS	1635 E. Hwy 50, Third Floor	
CITY-ST-ZIP	Clermont FL 34711	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wallace, David	
STREET ADDRESS	1635 E. Hwy 50, Third Floor	
CITY-ST-ZIP	Clermont FL 34711	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

DAVID WALLACE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/03 352-394-4421

Date

Daytime Phone #

CR2E034 (10/02)