2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000073695



FILED Mar 10, 2003 8:00 am Secretary of State

1. Entity Name NEW ENGLAND HOMEWORKS, INCORPORATED					03-10-2003 90112 009 ***150.00
Principal Place of Business 8177 MYSTIC HARBOR CIR BOYNTON BCH FL 33436 2. Principal Place of Business Suite, Apt. #, etc.			Mailing Address 8177 MYSTIC HARBOR CIR BOYNTON BCH FL 33436 3. Mailing Address Suite, Apt. #, etc.		1 (201)241 (1) 001/0 (101) 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11
					☐ CHECK HERE IF MAKING CHANGES
City & State			City & State		4. FEI Number Applied For Not Applied For Not Applied For
Zip	Cou		Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required
	6. Name and A	ddress of Current R	egistered Agent		7. Name and Address of New Registered Agent
		-		Name-	
BRANDENBURG, FREDERICK 8177 MYSTIC HARBOR CIR BOYNTON BCH FL 33436				Street Ad	Address (P.O. Box Number is Not Acceptable)
	45 *****			City	Zip Code
8. The above	named entity submi	ts this statement for t	he purpose of changing it	s registered office or r	r registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE		Pent. name of registered agent and		TE: Registered Agent signature	
			 		ure required when reinstating) DATE
After Make Check	ILE NOW!!! FEE r May 1, 2003 Fee k Payable to Florid	will be \$550.00 la Department of \$	li e		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.
10.		OFFICERS AND D	RECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
NAME STREET ADDRESS CITY-SI-ZIP	BRANDENBURG, 8177 MYSTIC HA BOYNTON BCH	rbor cir	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GRANT, JAMES I 8173 MYSTIC HA BOYNTON BCH I	ABOR CIR	☐ 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ 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
NAME STREET ADDRESS CITY-ST-ZIP 12. hereby ce	ertify that the informat	tion supplied with this	☐ Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP	Change Addition

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

JIRED O OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR