FILED

Mar 29, 2002 8:00 am

Daytime Phone #

## 2002 Uniform Business Report (UBR)

## DOCUMENT # P93000035139 **Secretary of State** 1. Entity Name 03-29-2002 90199 012 \*\*\*150 00 NEW ENGLAND HOLDINGS, INC. Principal Place of Business Mailing Address 2511 PARK ST 2511 PARK ST LAKE WORTH FL 33460 LAKE WORTH FL 33460 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0409637 Not Applicable Country ΖiĎ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name POPE, AARON Street Address (P.O. Box Number is Not Acceptable) 5141 NASH TRAIL LAKE WORTH FL 33463 Zip Code FL 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, 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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Change ☐ Addition TITLE PD ☐ Delete POPE, AARON NAME NAME STREET ADDRESS 5141 NASH TRAIL STREET ADDRESS CITY-ST-ZIP LAKE WORTH FL 33463 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME POPE, FRANCIS STREET ADDRESS 5141 NASH TRAIL STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP LAKE WORTH FL 33463 TITLE -□ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE TITLE. ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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

with all other like empowered

changed, or on an attachment with an ad-

SIGNATURE: