


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 21, 2003 8:00 am
Secretary of State

03-21-2003 90090 024 ***158.75

DOCUMENT # P94000004523
1. Entity Name
NEW MANAGEMENT, INC.



DO NOT WRITE IN THIS SPACE

10045155

2. Principal Place of Business
402 University Blvd
Suite, Apt. #, etc. #3

3. Mailing Address
402 University Blvd.
Suite, Apt. #, etc. #3

DO NOT WRITE IN THIS SPACE

City & State
DAYTONA BEACH FL

City & State
Daytona Beach FL

Zip
32118

Country

Zip
32118

Country

4. FEI Number
59-3219428

Applied For
 Not Applicable

**DO NOT WRITE
IN THIS SPACE**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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.

7. Name and Address of Current Registered Agent

Name Anthony Morrone

Street Address (P.O. Box Number is Not Acceptable)
402 University Blvd. #3

City Daytona Beach FL Zip Code 32118

SIGNATURE _____ DATE _____

Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reappointing)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY-ST-ZIP	<u>President Anthony Morrone 402 University Blvd #3 Daytona Beach FL 32118</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Anthony Morrone
Anthony Morrone Pres. 3/13/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)