

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2002 8:00 am
Secretary of State

05-09-2002 90071 039 ***150.00

010872
 AV

DOCUMENT # P95000011349

1. Entity Name

BOB NEWTON SERVICES, INC.

Principal Place of Business

Mailing Address

~~8319 CASCADE OAKS DRIVE~~

~~8319 CASCADE OAKS DRIVE~~

~~ORLANDO FL 32822~~

~~ORLANDO FL 32822~~

**11604 BALTIC ST
 ORLANDO FL 32817**

**PO BOX 721062
 ORLANDO FL 32872**

2. Principal Place of Business

3. Mailing Address

11604 BALTIC ST
 Suite, Apt. #, etc. /

PO BOX 721062
 Suite, Apt. #, etc.

City & State

City & State

ORLANDO, FL

ORLANDO FL

Zip

Country

Zip

Country

32817

ORANGE

32872

ORANGE

4. FEI Number

59-3300497

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NEWTON, ROBERT L

8319 CASCADE OAKS DRIVE

ORLANDO FL 32822

**11604 BALTIC ST
 ORLANDO FL 32817**

Name

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

City

FL

Zip Code

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 **Robert L Newton Jr**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/20/02
 DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **PD**
 STREET ADDRESS **NEWTON, ROBERT L**
 CITY-ST-ZIP **8319 CASCADE OAKS DRIVE**
ORLANDO FL 32822

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/02 407 381 2396
 Date Daytime Phone #

CR2E034 (9/01)