

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2001 8:00 am
Secretary of State
 04-09-2001 90053 028 ***150.00

024775

DOCUMENT # P95000038441

1. Entity Name
NEWELL FINANCIAL, INC.

Principal Place of Business
2500 N.E. 48TH LANE
APARTMENT 605
FORT LAUDERDALE FL 33308

Mailing Address
2500 N.E. 48TH LANE
APARTMENT 605
FORT LAUDERDALE FL 33308

2. Principal Place of Business
875 NE 48TH ST.

3. Mailing Address
178 CHAMPION AVE.

Suite, Apt. #, etc.
LOT 152

Suite, Apt. #, etc.

City & State
POMPANO BEACH, FL WEBSTER, NY

Zip
33064

Country
BROWARD

Zip
14580

Country
MONROE



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0590734**

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

NEWELL, WILLIAM T
2500 N.E. 48TH LANE
APARTMENT 305
FORT LAUDERDALE FL 33308

7. Name and Address of New Registered Agent

Name **WILLIAM T. NEWELL**

Street Address (P.O. Box Number is Not Acceptable)
875 NE 48TH ST. LOT 152

City **POMPANO BEACH** FL Zip Code **33064**

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

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

(NOTE: Registered Agent signature required when reinstating)

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, 2001 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

TITLE **P**
 NAME **NEWELL, WILLIAM T**
 STREET ADDRESS **2500 N.E. 48TH LANE #305**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33308**

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT**
 NAME **WILLIAM T. NEWELL**
 STREET ADDRESS **875 NE 48TH ST. LOT 152**
 CITY-ST-ZIP **POMPANO BEACH, FL 33064**

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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 of 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)

4/6/01 716/787-3444

Date

Daytime Phone #

CR2E034 (10/00)