

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P95000043424**

1. Entity Name

NEW DAWN SERVICES, INC.**FILED**
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90092 032 ***150.00

Principal Place of Business

4038 GULFVIEW DR
SPRING HILL FL 34607
US

Mailing Address

4038 GULFVIEW DR
SPRING HILL FL 34607
US

2. Principal Place of Business

7924 Chaucer Drive

3. Mailing Address

7924 Chaucer Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Spring Hill FL

Zip 34607

Country US

City & State

Spring Hill FL

Zip 34607

Country US

4. FEI Number

65-0585993

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

REED, DAWN M
4038 GULFVIEW DR
SPRING HILL FL 34607

7. Name and Address of New Registered Agent

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

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	REED, DAWN M	
STREET ADDRESS	4038 GULFVIEW DR	
CITY-ST-ZIP	SPRING HILLS FL 34607	
TITLE	V	<input type="checkbox"/> Delete
NAME	REED, TIMOTHY W	
STREET ADDRESS	4038 GULFVIEW DR	
CITY-ST-ZIP	SPRING HILL FL 34607	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. -ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dawn M. Reed	
STREET ADDRESS	7924 Chaucer Dr	
CITY-ST-ZIP	Spring Hill FL 34607	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Timothy W. Reed	
STREET ADDRESS	7924 Chaucer Dr	
CITY-ST-ZIP	Spring Hill FL 34607	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(j), 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: *Dawn M Reed*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dawn M. Reed

4-12-01

Date

352-592-0640

Daytime Phone #

CR2E034 (10/00)