

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 07, 2002 8:00 am**  
**Secretary of State**  
 05-07-2002 90214 048 \*\*\*150.00

**DOCUMENT # P96000016806**

1. Entity Name  
**NEW AGE DEVELOPMENT GROUP, INC.**

Principal Place of Business  
**1951 WHITE FEATHER LN**  
**NOKOMIS FL 34275**  
**US**

Mailing Address  
**P.O. BOX 115**  
**LAUREL FL 34272**  
**US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**395 Commercial Ct.,**  
 Suite, Apt. #, etc.  
**Suite A**

**395 Commercial Ct.**  
 Suite, Apt. #, etc.  
**Suite A**

City & State  
**Venice, FL**

City & State  
**Venice, FL**

4. FEI Number  
**65-0647057**

Applied For  
 Not Applicable

Zip  
**34292**  
 Country  
**USA**

Zip  
**34292**  
 Country  
**USA**

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

**STANLEY, HARVEY N**  
**720 MORGAN CIRCLE**  
**NOKOMIS FL 34275**

Name  
**Michael W. Miller**  
 Street Address (P.O. Box Number is Not Acceptable)  
**395 Commercial Court**  
**Suite A**  
 City  
**Venice** **FL** Zip Code  
**34292**

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 DATE **4/29/02**

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, 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  
**D** ☒ Delete  
 NAME  
**STANLEY, HARVEY N**  
 STREET ADDRESS  
**1951 WHITE FEATHER LN**  
 CITY-ST-ZIP  
**NOKOMIS FL 34275**

TITLE  
**P D T** ☒ Change ☐ Addition  
 NAME  
**Michael W. Miller**  
 STREET ADDRESS  
**395 Commercial Court, Suite A**  
 CITY-ST-ZIP  
**Venice, FL 34292**

TITLE  
**D** ☒ Delete  
 NAME  
**VINE, GREGORY E**  
 STREET ADDRESS  
**1730 HIDDEN PINES WAY**  
 CITY-ST-ZIP  
**NOKOMIS FL 34275**

TITLE  
**VP** ☒ Change ☐ Addition  
 NAME  
**Timothy D. Miller**  
 STREET ADDRESS  
**395 Commercial Court, Suite A**  
 CITY-ST-ZIP  
**Venice, FL 34292**

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
**S** ☒ Change ☐ Addition  
 NAME  
**Jayne D. Parrish**  
 STREET ADDRESS  
**395 Commercial Court, Suite A**  
 CITY-ST-ZIP  
**Venice, FL 34292**

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE  
 NAME ☐ Change ☐ Addition  
 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: **Michael W. Miller, 4/29/02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President of **XXXXXXXXXXXXXXXXXXXX** Phone #

CR2E034 (9/01)