

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000050769

1. Entity Name

PAUL D. NEWNUM, P.A.

FILED
May 20, 2000 8:00 am
Secretary of State

05-20-2000 90008 041 ***150.00

Principal Place of Business

2107 PARK AVENUE NORTH
STE 200
WINTER PARK FL 32789

Mailing Address

2107 PARK AVENUE NORTH
STE 200
WINTER PARK FL 32789-2309

2. Principal Place of Business

280 W. CANTON AVENUE

3. Mailing Address

280 W. CANTON AVENUE

Suite, Apt. #, etc.

SUITE 110

Suite, Apt. #, etc.

SUITE 110

City & State

City & State

4. FEI Number

59-3388435

Applied For

Not Applicable

Zip

Country

Zip

Country

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

NEWMUM, PAUL D
2107 PARK AVENUE NORTH
WINTER PARK FL 32789

Name

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

280 WEST CANTON AVENUE

SUITE 110

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

APRIL 27, 2000

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, 2000 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 D
STREET ADDRESS NEWMUM, PAUL D
CITY-ST-ZIP 2107 PARK AVENUE NORTH
WINTER PARK FL 32789

TITLE ☒ Change ☐ Addition
NAME 280 WEST CANTON AVENUE
STREET ADDRESS SUITE 110
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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: *Paul D Newnum*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

27 April 2000

Date

407-629-0033

Daytime Phone #

CR2E034 (9/99)