

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000058937

1. Entity Name

NEW EDITION CONTRACTING & REMODELING, INC.

FILED
Jul 26, 2000 8:00 am
Secretary of State

07-26-2000 90010 008 ***150.00

Principal Place of Business

717 GLADWINS AVE
FERN PARK FL 32730
US

Mailing Address

6717 GLADWINS AVE
FERN PARK FL 32730
US

2. Principal Place of Business

717 GLADWIN AVE #2

Suite, Apt. #, etc.

3. Mailing Address

717 GLADWIN AVE #2

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3457358

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

QUALLS, RICKY D
717 GLADWIN AVE
FERN PARK FL 32730

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	PTD QUALLS, RICKY D 717 GLADWIN AVE FERN PARK FL 32730	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD MEYER, CHRISTOPHER 717 GLADWIN AVE FERN PARK FL 32730	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Ricky D. Qualls
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7-21-00

Daytime Phone #

A0069822
Attach

ANGELL & ASSOCIATES
225 SO. SWOOPE AVE. #208
MAITLAND, FL 32751
TEL:407-629-4900
FAX:407-629-2491

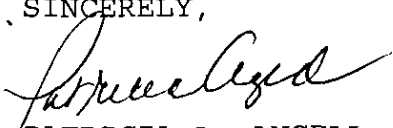
JULY 20, 2000

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL 32314

DEAR SIR/MADAM;

MY CLIENT NEW EDITION CONTRACTING & REMODELING, INC., DOCUMENT #
P97000058937 NEVER RECEIVED THE FIRST 2000 UNIFORM BUSINESS
REPORT FROM THE DIVISION OF CORPORATIONS DUE TO AN ERRONEOUS
MAILING ADDRESS. WE ARE ENCLOSING \$150.00 FOR THE YEAR 2000.
I DO NOT FEEL THAT THEY SHOULD BE RESPONSIBLE FOR NOT RECEIVING
THE MAIL DUE TO AN INPUT ERROR.

SINCERELY,


PATRICIA A. ANGELL