

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 30, 2001 8:00 am**  
**Secretary of State**

05-30-2001 90035 047 \*\*\*550.00

**DOCUMENT # P97000077055**

1. Entity Name

**NEW SYSTEM CONTRACTORS, INC.**

Principal Place of Business

Mailing Address

**6808 WAYSIDE COURT  
TAMPA FL 33634**

**6808 WAYSIDE COURT  
TAMPA FL 33634-4724**

**A0072319**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3466266**

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

**HUTSON, DELORES  
6808 WAYSIDE COURT  
TAMPA FL 33634**

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.

(NOT 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, 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	P	<input checked="" type="checkbox"/> Delete
NAME	HUTSON, DELORES	
STREET ADDRESS	6808 WAYSIDE CT	
CITY-ST-ZIP	TAMPA FL 33634	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	HUTSON, RON	
STREET ADDRESS	6808 WAYSIDE CT	
CITY-ST-ZIP	TAMPA FL 33634	
TITLE	Keith Hutson	<input type="checkbox"/> Delete
NAME	15013 Omaha St	
STREET ADDRESS	Hudson FL 34667	
CITY-ST-ZIP		
TITLE	7-2011	<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		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5434 Hunters Run Ln	
STREET ADDRESS	Tampa FL 33614	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5434 Hunters Run Ln	
STREET ADDRESS	Tampa FL 33614	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	President	
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)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that no 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

Date

Daytime Phone #

CR2E034 (9/99)