

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 08, 2002 8:00 am**  
**Secretary of State**

05-08-2002 90125 039 \*\*\*158.75

**DOCUMENT #** P97000108820

1. Entity Name  
Newman Group of Tampa, Inc.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
625 E. Twiggs Street

3. Mailing Address  
625 E. Twiggs Street

Suite, Apt. #, etc.

Suite 100

Suite, Apt. #, etc.

Suite 100

City & State  
Tampa, FL

City & State  
Tampa, FL

Zip  
33602

Country  
USA

Zip  
33602

Country  
USA

4. FEI Number  
593507130

Applied For  
Not Applicable

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

**7. Name and Address of Current Registered Agent**

Name David B. Weinstein, Esq.

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

Suite 100

City Tampa

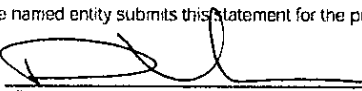
FL

Zip Code 33602

**DO NOT WRITE  
IN THIS SPACE**

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



David B. Weinstein, Esq.

14 Nov 2002

Signature, typed or printed name of registered agent and use 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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

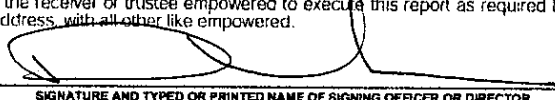
**11. OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
Vice President	Max Mitchell Newman	625 E. Twiggs Street, Suite 100	Tampa, FL 33602
Secretary and Treasurer	David B. Weinstein	625 E. Twiggs Street, Suite 100	Tampa, FL 33602

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

**SIGNATURE:**



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

14 Nov 02 224-9100

Date

Daytime Phone #

CR2E034B (12/01)