

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000011729**1. Entity Name
NEWBY, INC.**FILED**
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90010 024 ***150.00

Principal Place of Business
**168 GOVENORS RD
PONTE VEDRA BEACH FL 32082**Mailing Address
**168 GOVENORS RD
PONTE VEDRA BEACH FL 32082**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4344 Phillips Highway
Suite, Apt. #, etc.3. Mailing Address
4344 Phillips Highway
Suite, Apt. #, etc.City & State
Jacksonville, FL
Zip
32207
Country
USACity & State
Jacksonville, FL
Zip
32207
Country
USA4. FEI Number **59-3498576**Applied For
Not Applicable5. 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****FLOWERS, CHRISTIAN
168 GOVENORS RD
PONTE VEDRA BEACH FL 32082**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.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, 2001 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 **FLOWERS, CHRISTIAN J**
STREET ADDRESS **168 GOVENORS RD**
CITY-ST-ZIP **PONTE VEDRA BEACH FL 32082**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **FLOWERS, GEORGE**
STREET ADDRESS **2202 VINSEN LN**
CITY-ST-ZIP **JACKSONVILLE FL 32207**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **FLOWERS, SONIA**
STREET ADDRESS **168 GOVENORS RD**
CITY-ST-ZIP **PONTE VEDRA BEACH FL 32082**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**4/15/01**
Date**904-346-0789**
Daytime Phone #

CR2E034 (10/00)