

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2002 8:00 am
Secretary of State

02-14-2002 90030 029 ***150.00

DOCUMENT # P98000031564

1. Entity Name
NEW CENTURY ARTISTS, INC.

Principal Place of Business

620 INDIAN BEACH LANE
SARASOTA FL 34234

Mailing Address

620 INDIAN BEACH LANE
SARASOTA FL 34234



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

67 Sugar Mill Dr

Suite, Apt. #, etc.

City & State
Osprey, FL

Zip
34229

Country
US

3. Mailing Address

67 Sugar Mill Dr

Suite, Apt. #, etc.

City & State
Osprey, FL

Zip
34229

Country
US

4. FEI Number
65-0823695

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GEORGE, CAMERON S
620 INDIAN BEACH LANE
SARASOTA FL 34234

7. Name and Address of New Registered Agent

Name
George, Cameron S.

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

67 Sugar Mill Dr

City
Osprey, FL

Zip Code
34229

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

George Scott George

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/25/02

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	GEORGE, CAMERON S	
STREET ADDRESS	620 INDIAN BEACH LANE	
CITY-ST-ZIP	SARASOTA FL 34234	
TITLE	D	<input type="checkbox"/> Delete
NAME	MASON, JOHN D	
STREET ADDRESS	620 INDIAN BEACH LANE	
CITY-ST-ZIP	SARASOTA FL 34234	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	67 Sugar Mill Dr
CITY-ST-ZIP	Osprey, FL 34229
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	67 Sugar Mill Dr
CITY-ST-ZIP	Osprey, FL 34229
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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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 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:

George Scott George

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/02

Date

941 966-9703

Daytime Phone #

CR2E034 (9/01)