

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 02, 2003 8:00 am
Secretary of State

09-02-2003 90182 047 ***550.00

DOCUMENT # P98000047761

1. Entity Name
THE PINES OF NEWMARKET, INC.



Principal Place of Business
**9 GRANT ROAD
NEWMARKET NH 03857**

Mailing Address
**9 GRANT ROAD
NEWMARKET NH 03857**

2. Principal Place of Business
32 HARRIMAN Hill Rd
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 405
Suite, Apt. #, etc.

City & State
RAYMOND, NH

City & State
RAYMOND, NH

4. FEI Number **59-3534484**

Applied For
Not Applicable

Zip **03077** Country **USA**

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**JEWETT, EDWARD
123 PALM BREEZE
EDGEWATER FL 32141-5901**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **JEWETT, EDWARD**
STREET ADDRESS **123 PALM BREEZE**
CITY-ST-ZIP **EDGEWATER FL 32141**

TITLE **V** ☒ Delete
NAME **QUEST, DON**
STREET ADDRESS **320 KELSEY PARK CIRCLE**
CITY-ST-ZIP **PALM BEACH GARDENS FL 33410**

TITLE **T** ☐ Delete
NAME **JEWETT, ARLENE**
STREET ADDRESS **123 PALM BREEZE**
CITY-ST-ZIP **EDGEWATER FL 32141**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like employed.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)