

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 08, 2003 8:00 am**  
**Secretary of State**

08-08-2003 90098 035 \*\*\*150.00

**DOCUMENT # P98000087802**

**1. Entity Name**  
**NEW DESIGN MICA INCORPORATED**



**Principal Place of Business**  
**14604 MARINA DRIVE**  
**HUDSON FL 34667**

**Mailing Address**  
**14604 MARINA DRIVE**  
**HUDSON FL 34667**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number** **59-3542943**

Applied For

Not Applicable

**5. Certificate of Status Desired** ☐

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



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

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

**FORCINO, PASQUALE**  
**10059 DUNKIRK DR**  
**SPRING HILL FL 34608**

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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY- ST- ZIP**  
**PTD**  
**FORCINO, PASQUALE**  
**10059 DUNKIRK DR**  
**SPRING HILL FL 34608**

☐ Delete

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

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY- ST- ZIP**  
**PTD**  
**FORCINO, JOSEPH**  
**24515 CASEY ROAD**  
**BROOKSVILLE FL 34601**

☐ Delete

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

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY- ST- ZIP**  
☐ Delete

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

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY- ST- ZIP**  
☐ Delete

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

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY- ST- ZIP**  
☐ Delete

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

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY- ST- ZIP**  
☐ Delete

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

**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 empowered.**

**SIGNATURE:**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date

Daytime Phone #

**8/5/03 227-868-0432**

CR2E034 (4/03)

Attachment

80137316  
#P98000087802

**New Design Mica Inc.**

14604 Marina Drive Hudson, FL 34667

Tel: 727 868-0432 Fax: 727 869-0359

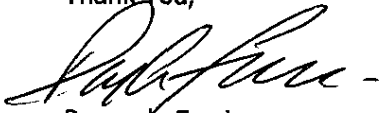
Toll Free: 1 800 399-6351

Web Site: [www.newdesignmica.com](http://www.newdesignmica.com)

Florida Department of State  
Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

I never received a notice in January to file this report. However, I just recently received a form to file before September 10<sup>th</sup> at a cost of \$550.00. I e-mailed a note to [corphelp@mail.dos.state.fl.us](mailto:corphelp@mail.dos.state.fl.us), for instruction on how to avoid the extra cost since this was not my fault. I received a response telling me to file this report with the normal filing fee of \$150.00 which is enclosed. If there is any further information needed I can be reached at 727 868-0432

Thank You,



Pasquale Forcino

Pres: New Design Mica Inc.