

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 20, 2000 8:00 am
Secretary of State
 04-20-2000 90008 007 ***150.00

DOCUMENT # P98000106835

1. Entity Name

NEWPRISE COMPANY, INC.

Principal Place of Business

Mailing Address

7790 MISSION CIR., #140
 SEMINOLE FL 33772

7790 MISSION CIR., #140
 SEMINOLE FL 33772-5088

2. Principal Place of Business

101 150th Ave No

3. Mailing Address

PO BOX 86531

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MADEIRA BEACH, FL

City & State

MADEIRA BEACH, FL

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

Zip

33708

Country

USA

Zip

33738

Country

USA

5. 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

WEYLIE, WALLACE J.D.
 350 GULF BLVD.
 INDIAN ROCKS BCH FL 33785

Name **Pamela Chesebrough**
 Street Address (P.O. Box Number is Not Acceptable)
11740 Currie Lane
 City **Largo** FL Zip Code **33774**

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 **Pamela H. Chesebrough** **Pamela H. Chesebrough**
 Signature, typed or printed name of registered agent and title 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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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 **PD** ☐ Delete
 NAME **FIKRY, ABDELHAK**
 STREET ADDRESS **7790 MISSION CIR., #140**
 CITY-ST-ZIP **SEMINOLE FL 33772**

TITLE **PD** ☒ Change ☐ Addition
 NAME **FIKRY, ABDELHAK**
 STREET ADDRESS **PO BOX 86531**
 CITY-ST-ZIP **MADEIRA BEACH FL 33738**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
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TITLE ☐ Change ☐ Addition
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 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: **Abdelhak Fikry** President
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **04/14/00**
 (727) 326-9257

CR2E034 (9/99)