

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State
 05-02-2002 90062 031 ***150.00

05/07/02 AT

DOCUMENT # P98000106835

1. Entity Name
NEWPRISE COMPANY, INC.

Principal Place of Business
**101 159TH AVE N
 MADEIRA BEACH FL 33708**

Mailing Address
**PO BOX 86531
 MADEIRA BEACH FL 33738**



2. Principal Place of Business
12850 VILLAGE BLVD

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MADEIRA BEACH FLORIDA

City & State

4. FEI Number
59-3565433

Applied For
 Not Applicable

Zip
33708

Country
USA

Zip

Country

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

**CHESEBROUGH, PAMELA
 11740 CURRIE LANE
 LARGO FL 33774**

Name **CHESEBROUGH PAMELA**
 Street Address (P.O. Box Number is Not Acceptable)
12551 INDIAN ROCK ROAD Suite 15
 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 A. Chesebrough*

(NOTE: Registered Agent signature required when reinstating)

4-17-02

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	PD FIKRY, ABDELHAK PO BOX 86531 MADEIRA BEACH FL 33738 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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* **ABDELHAK FIKRY** 4/11/2002 (727)320-9257
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)