2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2000 8:00 am
Secretary of State
03-29-2000 90043 039 ***150.00

DOCUMENT # P99000032726

1. Entity Name

NEWCO CONSTRUCTION OF CENTRAL FLORIDA, INC.

Principal Place of Business	Mailing Address
17830 FRONT STREET MT. DORA FL 32757	17830 FRONT STREET MT. DORA FL 32757-9787

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
P. O. Box 1018	c/o Mario A. Garcia,Esq.
Suite, Apt. #, etc.	Suite, Apt. #, etc. 315 E. RobinsonSt.-#160
City & State Zellwood, FL	City & State Orlando, FL
Zip / Country 32798-1018 / Orange	Zip / Country 32801 / Orange

4. FEI Number: 59-3569925 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PAPPAS, PETER C
225 EAST ROBINSON STREET
SUITE 540
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name: Mario A. Garcia, Esq.
Street Address (P.O. Box Number is Not Acceptable): 315 E. Robinson Street - #160
City: Orlando **FL** Zip Code: 32801

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: Mario A. Garcia DATE: 1/5/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D BROWN, WILLIAM P 17830 FRONT STREET MT. DORA FL 32757	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director William P. Brown P. O. Box 1018 Zellwood, FL 32798-1018	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President William P. Brown P. O. Box 1018 Zellwood, FL 32798-1018	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice-President William P. Brown P. O. Box 1018 Zellwood, FL 32798-1018	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary William P. Brown P. O. Box 1018 Zellwood, FL 32798-1018	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer William P. Brown P. O. Box 1018 Zellwood, FL 32798-1018	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/99)

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: William P. Brown PRES. 2-23-2000 352-735-3677
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #