

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000043691

1. Entity Name  
NEWSOUTH BOOKS, INC.

Principal Place of Business  
10911 BONITA BEACH ROAD SE #2073  
BONITA SPRINGS FL 34135

Mailing Address  
10911 BONITA BEACH ROAD SE #2073  
BONITA SPRINGS FL 34135

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State

Zip Country Zip Country

FILED  
May 29, 2002 8:00 am  
Secretary of State

05-29-2002 90712 002 \*\*\*150.00

B0121849



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3608338 Applied For

Not Applicable

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

## 6. Name and Address of Current Registered Agent

HEDRICH, CLEDA P  
10911 BONITA BEACH ROAD SE #2073  
BONITA SPRINGS FL 34135

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.

SIGNATURE \_\_\_\_\_

(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.  **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	TITLE	NAME
PT	HEDRICH, CLEDA P 10911 BONITA BEACH ROAD SE #2073 BONITA SPRINGS FL 34135	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
VS	HEDRICH, NORMAN S 10911 BONITA BEACH ROAD SE #2073 BONITA SPRINGS FL 34135	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Delete	<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: *CLEDA HEDRICH*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/02

(941)947-3432

Date

Daytime Phone #

CR2E034 (9/01)