

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000073421

1. Entity Name

NEW CENTURY PRESS, INC.

FILED
Sep 18, 2000 8:00 am
Secretary of State

09-18-2000 90030 014 ***558.75

Principal Place of Business

4300 BAYOU BOULEVARD
 SUITE 13
 PENSACOLA FL 32503

Mailing Address

4300 BAYOU BOULEVARD
 SUITE 13
 PENSACOLA FL 32503

B0107037



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

600 BARRACKS ST.
 Suite, Apt. #, etc.
 SUITE 106
 City & State
 PENSACOLA FL
 Zip
 32501 Country
 USA

3. Mailing Address

600 BARRACKS ST.
 Suite, Apt. #, etc.
 Suite 106
 City & State
 PEN
 Zip
 32501 Country
 USA

4. FEI Number

593592193

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

FLEMING, EDWARD P
 4300 BAYOU BOULEVARD
 SUITE 12 AND 13
 PENSACOLA FL 32503

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.
 (See criteria on back)

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT / PUBLISHER <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

PRESIDENT / PUBLISHER
 JOE SCARBOROUGH
 600 BARRACKS ST., Suite 106
 PENSACOLA, FL 32501

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)