

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90101 013 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000076473

1. Entity Name

New Enterprise Solutions, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

695 Central Ave.

Suite, Apt. #, etc.

Suite # 203

City & State

St. Petersburg, FL

Zip

33701

Country

USA

3. Mailing Address

4903 Windmill Palm Terr.

Suite, Apt. #, etc.

City & State

St. Petersburg, FL

Zip

33703

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3592134

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

LOUIS E. RAMIREZ

Street Address (P.O. Box Number is Not Acceptable)

4903 Windmill Palm Terr. NE

City

St. Petersburg

FL

Zip Code

33703

**DO NOT WRITE
IN THIS SPACE**

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)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	<u>P</u>
NAME	<u>LOUIS E. RAMIREZ</u>
STREET ADDRESS	<u>4903 Windmill Palm Terr. NE</u>
CITY - ST - ZIP	<u>St. Petersburg, FL 33703</u>
TITLE	<u>S</u>
NAME	<u>SANDY K. RAMIREZ</u>
STREET ADDRESS	<u>4903 Windmill Palm Terr. NE</u>
CITY - ST - ZIP	<u>St. Petersburg, FL 33703</u>
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SANDY RAMIREZ

4/30/02

Date

727-521-6137

Daytime Phone #

CR2E034B (12/01)