

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 31, 2001 8:00 am**  
**Secretary of State**

07-31-2001 90239 002 \*\*\*150.00

**DOCUMENT # P99000083556**

**1. Entity Name**  
**NEW ERA PRODUCTS, INC.**

**Principal Place of Business**

**Mailing Address**

**1963 LAKE SHORE DRIVE**  
**MOUNT DORA FL 32757**

**1963 LAKE SHORE DRIVE**  
**MOUNT DORA FL 32757**

**2. Principal Place of Business**

**3. Mailing Address**

**Luigi's ITALIAN REST**

**SAME**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**1600 BAY STREET**

City & State

City & State

**EUSTIS FL**

Zip

Country

Zip

Country

**32726**

**4. FEI Number**

**59-3606126**

Applied For

Not Applicable

**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**

Name

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

City

**FL**

Zip Code

**HARRINGTON, ALICE**

**1963 LAKE SHORE DRIVE**  
**MOUNT DORA FL 32757**

**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 12, 2001 Fee 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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**P**  
**HARRINGTON, ROY**  
**1463 LAKE SHORE**  
**MOUNT DORA FL 32757**

☐ Delete

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Change ☐ Addition

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**VP**  
**HARROINGTON, ALICE**  
**1963 LAKE SHORE DR**  
**MOUNT DORA FL 32757**

☐ Delete

**TITLE**  
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**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Change ☐ Addition

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☐ Change ☐ 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:**

*Roy Harrington*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**7/26/01**

CR2E034 (5/01)