

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 29, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P99000084077**1. Entity Name  
NEW FRONTIER TECHNOLOGIES, INC.**Principal Place of Business**

7135 YACHT BASIN AVENUE, #225

ORLANDO  
32835

FL

**Mailing Address**

7135 YACHT BASIN AVENUE, #225

ORLANDO  
32835

FL

**2. Principal Place of Business**

5506 METROWEST BLVD

**3. Mailing Address**

5506 METROWEST BLVD

Suite, Apt. #, etc.  
APT #017Suite, Apt. #, etc.  
APT #107City & State  
ORLANDO

FL

City & State  
ORLANDO

FL

Zip  
32811

Country

Zip  
32811

Country

**4. FEI Number****59-3619565**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**HOLLOWAY RANDAL  
7135 YACHT BASIN AVENUE, #225ORLANDO FL  
32835**7. Name and Address of New Registered Agent****Name**

HOLLOWAY RANDAL

Street Address (P.O. Box Number is Not Acceptable)  
5506 METROWEST BLVD

APT #107

City  
ORLANDO

FL

Zip Code  
32811

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 **RANDAL HOLLOWAY**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**04/29/2001**

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 \$150.00****After MAY 1, 2001 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**TITLE O ☐ Delete  
NAME HOLLOWAY RANDAL  
STREET ADDRESS 7135 YACHT BASIN AVE #225  
CITY-ST-ZIP ORLANDO FL 32835TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE O ☒ Change ☐ Addition  
NAME HOLLOWAY RANDAL  
STREET ADDRESS 5506 METROWEST BLVD APT#107  
CITY-ST-ZIP ORLANDO FL 32811TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: Randal Holloway**

O

**04/29/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)