

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90156 031 ***150.00

DOCUMENT # P990000 84077

1. Entity Name

New Frontier Technologies, INC. ✓



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9562 Turkey Oak Bend

Suite, Apt. #, etc.

3. Mailing Address

9562 Turkey Oak Bend

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Orlando FL

City & State
Orlando FL

4. FEI Number 59-3619565

Applied For
Not Applicable

Zip
32817

Country
Orange

Zip
32817

Country
Orange

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Randal Holloway

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

9562 Turkey Oak Bend

City Orlando

FL

Zip Code 32817

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	Randal Holloway 9562 Turkey Oak Bend Orlando FL 32817
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**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Randal Holloway

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-27-03

Date

407-484-2150

Daytime Phone #

CR2E034B (12/02)