

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90084 032 ***158.75

DOCUMENT # P99000090234

1. Entity Name
NEW CITIES ONLINE, INC.

Principal Place of Business

1360 CHESSINGTON CIR
HEATHROW FL 32746

Mailing Address

1360 CHESSINGTON CIR
HEATHROW FL 32746

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-3630018**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PINSKER, BRAIN G
1360 CHESSINGTON CIRCLE
HEATHROW FL 32746

- typographical error only

7. Name and Address of New Registered Agent

Name **Brian G Pinsker**

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

City

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 **Brian G. Pinsker**

4-19-01

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

(NOTE: Registered Agent Signature required when reappointing)

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 **P**
NAME **PINSKER, BRAIN G**
STREET ADDRESS **1360 CHESSINGTON CIR**
CITY-STATE-ZIP **HEATHROW FL 32746**

☐ Delete

- typographical error only

TITLE **T**
NAME **FEND, GEORGE**
STREET ADDRESS **208 PRAIRE DUNE WAY**
CITY-STATE-ZIP **ORLANDO FL 32828**

☒ Delete

TITLE **RA**
NAME **FEND, GEORGE**
STREET ADDRESS **208 PRAIRE DUNE WAY**
CITY-STATE-ZIP **ORLANDO FL 32828**

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TITLE
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '11

TITLE
NAME **Brian G. Pinsker**
STREET ADDRESS
CITY-STATE-ZIP

☒ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ 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)(c), 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 697, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-01

Date

707-444-9974

Daytime Phone #

CR2E034 (10/00)