

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000104832

1. Entity Name

NEW CHAPTER INVESTMENTS, INC.

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

01-31-2001 90184 048 ***158.75

Principal Place of Business

635 MANGROVE PT. ROAD
SARASOTA FL 34242

Mailing Address

635 MANGROVE PT. ROAD
SARASOTA FL 34242

2. Principal Place of Business

3. Mailing Address

6812 MIDNIGHT PASS RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

SARASOTA FL 34242.

Zip

Country

Zip

Country

34242

U.S.A.

4. FEI Number 65-0969012

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

SMITH, WILL
4134 GULF OF MEXICO DRIVE
SUITE 302
LONGBOAT KEY FL 34228

Name

WILL SMITH.

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

6812 MIDNIGHT PASS ROAD

City

SARASOTA.

FL

Zip Code

34242.

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

01-03-01

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 State10. 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 | <input type="checkbox"/> Delete |
|-------|-------------|-------------------------------------|-----------------------|---------------------------------|
| PD | SMITH, WILL | 4134 GULF OF MEXICO DRIVE SUITE 302 | LONGBOAT KEY FL 34228 | <input type="checkbox"/> |
| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
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| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|-------------|-------------------------|-------------------|--|-----------------------------------|
| PD | SMITH, WILL | 6812 MIDNIGHT PASS ROAD | SARASOTA FL 34242 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
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| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-03-01

Date

941-366-8812.

Daytime Phone #

CR2E034 (10/00)