

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S40231

1. Entity Name

NEW AGE INFORMATION SERVICES, INC.

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90347 039 ***150.00

Principal Place of Business

12048 NORTHWEST 20TH STREET
PLANTATION FL 33323

Mailing Address

12048 NORTHWEST 20TH STREET
PLANTATION FL 33323

00040212

2. Principal Place of Business

10231 W. Sample Rd

Suite, Apt. #, etc.

3. Mailing Address

10231 W. Sample Rd

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Coral Springs, FL

Zip
33065

Country

City & State

Coral Springs, FL

Zip
33065

Country

4. FEI Number

65-0250353

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SMITH, DONNA J.

12048 NORTHWEST 20TH STREET
PLANTATION FL 33323

7. Name and Address of New Registered Agent

Name Donna J. Smith

Street Address (P.O. Box Number is Not Acceptable)
10231 W. Sample Rd

City Coral Springs

FL

Zip Code
33065

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

4/18/01

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 State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE D
NAME SMITH, DONNA J.
STREET ADDRESS 12048 N.W. 20TH ST.
CITY-ST-ZIP PLANTATION FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P, D
NAME Donna J. Smith
STREET ADDRESS 10231 W. Sample Rd
CITY-ST-ZIP Coral Springs, FL 33065

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-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)(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

Donna J. Smith - Pres 4/18/01

Date

954-796-8560

Daytime Phone #

4/18/01

CR2E034 (10/00)