

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V06919

1. Entity Name
NEWTON DISPLAY PRODUCTS, INC.

Principal Place of Business
122 5TH ST
FORT MYERS FL 33907
US

Mailing Address
122 5TH ST
FORT MYERS FL 33907
US

2. Principal Place of Business
122 5TH STREET
Suite, Apt. #, etc.

3. Mailing Address
SAME
Suite, Apt. #, etc.

City & State
Ft. Myers FL
Zip
33907
Country
USA

City & State
Zip
Country

4. FEI Number 65-0306511

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

NEWTON, ANDREW J.
~~2136 SUNRISE BLVD~~ — NEW ADDRESS
FT. MYERS FL 33907

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code 33919

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

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 VPD
NAME NEWTON, JAMES E.
STREET ADDRESS 123 ALAMEDA AVENUE
CITY-ST-ZIP FORT MYERS FL 33905 ☐ Delete

TITLE DP
NAME NEWTON, ANNA L.
STREET ADDRESS 123 ALAMEDA AVENUE
CITY-ST-ZIP FORT MYERS FL 33905 ☐ Delete

TITLE SD
NAME NEWTON, ANDREW J.
STREET ADDRESS 2136 SUNRISE BLVD
CITY-ST-ZIP FT. MYERS FL 33907 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS 5413 PARKER DR.
CITY-ST-ZIP FT. MYERS FL 33919 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
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: Anna L. Newton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/01 941-936-9199
Date Daytime Phone #

FILED
Apr 10, 2001 8:00 am
Secretary of State
04-10-2001 90125 028 ***150.00

C0044023



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)