

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 06, 2004 08:00 AM
Secretary of State

DOCUMENT # V43448

1. Entity Name

NEWMAN UNDERGROUND, INC.



Principal Place of Business

**36 ABILENE TRAIL
NAPLES FL 34113
US**

Mailing Address

**36 ABILENE TRAIL
NAPLES FL 34113
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0336525

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**NEWMAN, CHRISTINE
36 ABILENE TRAIL
NAPLES FL 34113**

7. Name and Address of New Registered Agent

Name

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

City

FL

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. 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

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

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
**D
NEWMAN, RONALD D
28 CHEYENNE TRAIL
NAPLES FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VPD
NEWMAN, JEFFREY D
6580 COLLEGE PARK LANE, APT 101
NAPLES FL 34113** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
NEWMAN, CHRISTINE
36 ABILENE TRAIL
NAPLES FL 34113** ☐ 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**U00000037441
02/06/04-80099-003 150.00** ☐ Change ☐ Addition

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

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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Christine Newman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 3, 2004

Date

239-774-5961

Daytime Phone #