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Mar 05, 2003 8:00 am
Secretary of State
01-22-2003 90156 041 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V43448

1. Entity Name
NEWMAN UNDERGROUND, INC.

Principal Place of Business
28 CHEYENNE TR
NAPLES FL 34113
US

Mailing Address
28 CHEYENNE TR
NAPLES FL 33962
US

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
36 ABILENE TRAIL		36 ABILENE TRAIL	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: NAPLES FLORIDA		City & State: NAPLES FLORIDA	
Zip: 34113	Country	Zip: 34113	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, RONALD D
28 CHEYENNE TRAIL
NAPLES FL 34113

7. Name and Address of New Registered Agent

Name: CHRISTINE NEWMAN
Street Address (P.O. Box Number is Not Acceptable): 36 ABILENE TRAIL
City: NAPLES FL Zip Code: 34113

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: Christine Newman DATE: 2-11-03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2003 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NEWMAN, RONALD D 28 CHEYENNE TRAIL NAPLES FL	☒ Delete	CHRISTINE NEWMAN 36 ABILENE TRAIL NAPLES, FL 34113 President	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NEWMAN, JEFFREY D Vice President 6560 COLLEGE PARK LANE, APT 101 NAPLES FL 34113	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (10/02)

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 2-11-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #