

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000059300

1. Entity Name

A NEW DEBUT, INC.

**FILED**  
**Mar 04, 2000 8:00 am**  
**Secretary of State**

03-04-2000 90025 048 \*\*\*150.00

Principal Place of Business

Mailing Address

913 S. FLORIDA AVE.  
 LAKELAND FL 33803

913 S. FLORIDA AVE.  
 LAKELAND FL 33803-1115

2. Principal Place of Business

913 S. FLORIDA AVE.  
 Suite, Apt. #, etc.

3. Mailing Address

913 S. FLORIDA AVE.  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
 LAKELAND, FLORIDA

City & State  
 LAKELAND, FLORIDA

4. FEI Number

59-3002120

Applied For

Not Applicable

Zip  
 33803-1115

Country  
 POLK

Zip  
 33803-1115

Country  
 POLK

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

JONES, ERNIE ESQ.  
 1958 E. EDGEWOOD DR.  
 LAKELAND FL 33803

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.

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	BELLAMY-WEST, PATRICIA	845 S. NEW YORK AVE.	LAKELAND FL 33815	<input type="checkbox"/>
D	WEST, KENNETH O JR.	845 S. NEW YORK AVE.	LAKELAND FL 33815	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: P. G. Bellamy-West PATRICIA G. BELLAMY-WEST 2/25/00 (863)802-8485  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)