2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # F99000002137 Jan 25, 2000 8:00 am Secretary of State 1. Entity Name NEW BEGINNINGS INTERNATIONAL TRAINING CENTER INC 01-25-2000 90080 024 ****61.25 Principal Place of Business Mailing Address PO BOX 172516 PO BOX 172516 TAMPA FL 33595-1857 TAMPA FL 33672-0516 2. Principal Place of Business Mailing Address BOX PO BOX Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State. 4. FEI Number Applied For ARICO 23-2832749 ARICO Country U.S.A Country \$8.75 Additional 33595 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Robert J. Holland EU. Street Address (P.O. Box Number is Not Acceptable) OLSON, 8COTT A 9220 ESTATE COVE CIRCLE CUPRESS (ANDING Rd. RIVERVIEW FL 33569 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. Kobert J. Holland Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11, Change President TITLE ☐ Addition TITLE REU BOBHOlland NAME HOLLAND, BOB REV. NAME 3311 Cypness landing Rd. STREET ADDRESS STREET ADDRESS 1324 BRAHMA DR. VALRICO M. CITY-ST-ZIP CITY-ST-ZIP VALRICO FL 33594 V. PRESIDENT ☐ Change ☐ Addition TITLE TITLE REV. MARY Holland HOLLAND, MARY REV. NAME 3311 Cypress Landing Rd STREET ADDRESS 1324 BRAHMA DR. STREET ADDRESS CITY-ST-ZIP. . CITY-ST-ZIP_ VALRICO FL 33594 ☐ Change ☐ Addition TŜ TITLE NEFF, PHIL NAME STREET ADDRESS STREET ADDRESS 6843 PEBBLEBROOK CT. CITY-ST-ZIP CITY-ST-ZIP **BROWNSBURG IN 46112** ☐ Change Addition TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Change ■ Addition ☐ Delete TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

813-205-4453

changed, or on an attachment with an address, with all other like empowered