DOCUMENT # K13097

1. Entity Name
NEW BEGINNINGS REALTY, INC.

FILED
Jan 09, 2001 8:00 am
Secretary of State
01-09-2001 90050 046 ***150.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
~~100 99TH ST, LOT #1 SEBASTIAN FL 32958 US~~	~~P.O. BOX 780056 SEBASTIAN FL 32978 US~~

2. Principal Place of Business: 6601 110th Place	3. Mailing Address: 6601 110th Place
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Sebastian, FL	City & State: Sebastian, FL
Zip: 32958 / Country:	Zip: 32958 / Country:

4. FEI Number 65-0046768 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

THERIEN, RICHARD C.
6601 110TH PL
SEBASTIAN FL 32958

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.

SIGNATURE ____________________ DATE

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

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD THERIEN, RICHARD C. 6601 110TH PL SEBASTIAN FL 32958 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/00)

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: Richard C. Therien 1/5/01 561/388-9381

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