

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 06, 2000 08:00 AM**
Secretary of State**DOCUMENT # M99000001349****1. Entity Name**
BEYOND HELP, LLC**Principal Place of Business**
24 WOODSIDE AVE.ALBANY
12205

NY

Mailing Address
24 WOODSIDE AVE.ALBANY
12205

NY

2. Principal Place of Business
2505 BRAMBLEWOOD DRIVE WEST**3. Mailing Address**
2505 BRAMBLEWOOD DRIVE WEST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
CLEARWATER FL**City & State**
CLEARWATER FL**4. FEI Number**
14-1785430Applied For
Not Applicable**Zip**
33763**Country**
US**Zip**
33763**Country**
US**5. Certificate of Status Desired** ☐ **\$5.00 Additional Fee Required****6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent**DICKINSON ROBERT CHH
31640 U.S. HWY 19 N., SUITE 4PALM HARBOR
34684

US

FL

Name
PRUITT STEPHEN**Street Address (P.O. Box Number is Not Acceptable)**
2505 BRAMBLEWOOD DRIVE WEST**City**
CLEARWATER

FL

Zip Code
33763**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** **STEPHEN PRUITT****04/06/2000**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State**9. MANAGING MEMBERS/MEMBERS****10. ADDITIONS/CHANGES****TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
PRUITT STEPHEN
24 WOODSIDE AVE.
ALBANY NY 12205 ☐ Delete**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
PRUITT STEPHEN
2505 BRAMBLEWOOD DRIVE WEST
CLEARWATER FL 33763 ☒ Change ☐ Addition**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition**TITLE**
NAME
STREET ADDRESS
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☐ Delete**TITLE**
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☐ Change ☐ Addition**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition**11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.**