

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000001349

1. Entity Name
BEYOND HELP, LLC

FILED

01 APR -9 AM 7:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
2505 BRAMBLEWOOD DRIVE WEST
CLEARWATER FL 33763
US

Mailing Address
2505 BRAMBLEWOOD DRIVE WEST
CLEARWATER FL 33763
US

2. Principal Place of Business
29250 Hwy 19 N
Suite, Apt. #, etc.
LOT 411

3. Mailing Address
29250 US Hwy 19 N
Suite, Apt. #, etc.
LOT 411

City & State
CLEARWATER, FL

City & State
CLEARWATER, FL

Zip
33761

Country
USA

Zip
33761

Country
USA

4. FEI Number 14-1785430

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
PRUITT, STEPHEN
2505 BRAMBLEWOOD DRIVE WEST
CLEARWATER FL 33763

7. Name and Address of New Registered Agent
Name
STEPHEN PRUITT
Street Address (P.O. Box Number is Not Acceptable)
29250 US Hwy 19 N
LOT 411
City
CLEARWATER FL Zip Code
33761

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 SLP DATE 4/5/2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

400004017134--6
-04/19/01--01018--019
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
	MGRM	PRUITT, STEPHEN	2505 BRAMBLEWOOD DRIVE WEST CLEARWATER FL 33763	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	MGRM	PRUITT, STEPHEN	29250 US Hwy 19 N, LOT 411 CLEARWATER, FL 33761	<input checked="" 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"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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.

SIGNATURE: SLP DATE 4/5/2001 DAYTIME PHONE # 722-733-5262
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

0018865 AF

CR2E083 (11/00)