

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000002569

1. Entity Name

NEW LIFE BEGINNINGS, INC.

FILED

Jan 27, 2002 8:00 am
Secretary of State

01-27-2002 90021 022 ****61.25

Principal Place of Business

Mailing Address

1424 W. CANAL ST. SOUTH
BELLE GLADE FL 33430

1424 W. CANAL ST. SOUTH
BELLE GLADE FL 33430

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1005598

Applied For

Not Applicable

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

PETTRY, JOHN
1424 W. CANAL ST. SOUTH
BELLE GLADE FL 33430

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME PETTRY, JOHN
STREET ADDRESS 420 SE 3RD AVE.
CITY-ST-ZIP SOUTH BAY FL 33493

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VTD ☐ Delete
NAME CARDIN, DEBORAH
STREET ADDRESS 669 SE SECOND ST
CITY-ST-ZIP BELLE GLADE FL 33430

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☒ Delete
NAME ARLINE, CAROL
STREET ADDRESS 2316 1/2 BACOM POINT RD.
CITY-ST-ZIP PAHOKEE FL 33476

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME SUTTERFIELD, LILLIAN
STREET ADDRESS 218 NW 2ND AVE
CITY-ST-ZIP SOUTH BAY FL 33493

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D Sec. ☐ Delete
NAME ADAMS, PATRICIA
STREET ADDRESS 6145 NE 72ND CIRCLE WEST
CITY-ST-ZIP OKEECHOBEE FL 34972

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

John Pettry
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John Pettry, Pres. 1/12/02 561-996-1200
Date Daytime Phone #

CR2E037 (9/01)