## **2001 UNIFORM BUSINESS REPORT (UBR) FILED** Apr 30, 2001 08:00 AM N00000004470 DOCUMENT # 1. Entity Name **Secretary of State** BEYOND TOLERANCE, INCORPORATED Principal Place of Business Mailing Address 5 PATRICIA AVE 5 PATRICIA AVE DUNEDIN FL DUNEDIN FL 346988102 346988102 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3659292 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JOSEPH CAREY GREV. CAREY JOSEPH G Street Address (P.O. Box Number is Not Acceptable) 5 PATRICIA AVE 5 PATRICIA AVE DUNEDIN FL346988102 City Zip Code DUNEDIN 346988102 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. 04/30/2001 JOSEPH G. CAREY Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE D ☐ Change X Addition NAME NAME TRAILTWEIN WILLIAM TMR. STREET ADDRESS STREET ADDRESS 1949 LOS LOMAS DRIVE CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FT. 337634117 ☐ Delete S/D TITLE TITLE ☐ Change X Addition NAME NAME WERR MITCHELL WMR. STREET ADDRESS STREET ADDRESS 1779 RANCHWOOD DR. S. CITY-ST-ZIP CITY-ST-ZIP DUNEDIN FL. 346985513 TITLE Delete TITLE T/D Change X Addition NAME NAME MCGREW DANIEL AMR. STREET ADDRESS STREET ADDRESS 2708 SAND HOLLOW COURT CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FT. 337613731 TITLE Delete TITLE V/D Change X Addition NAME NAME CAREY JOSEPH GREV. STREET ADDRESS STREET ADDRESS 5 PATRICIA AVENUE CITY-ST-ZIP CITY-ST-ZIP DUNEDIN FL. 346988102 TITLE ☐ Delete TITLE P/D Change X Addition NAME NAME WEBB MAUREEN WMRS STREET ADDRESS STREET ADDRESS 1779 RANCHWOOD DR. S. CITY-ST-ZIP DUNEDIN CITY-ST-ZIP FL, 346985513 TITLE □ Delete TITLE Change Addition

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.

STREET ADDRESS

CITY-ST-ZIP

NAME

SIGNATURE: \_

NAME

STREET ADDRESS

CITY-ST-ZIP

Mitchell W. Webb

S/D

04/30/2001

CR2E037 (11/00)