

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 09, 2003 8:00 am
Secretary of State

0003445

DOCUMENT # N02000007486

1. Entity Name

NEW BEGINNINGS NET -2- SUCCESS, INC.



Principal Place of Business

**2800 N.E. 59TH STREET
GAINESVILLE FL 32609**

Mailing Address

**2800 N.E. 59TH STREET
GAINESVILLE FL 32609**

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

14-1844323

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THOMAS, JAMES A
6414 N.E. 27TH AVENUE
GAINESVILLE FL 32609**

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. I am familiar with, and accept the obligations of registered agent.

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
After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	JORDAN, CHARLEY JR.	
STREET ADDRESS	1001 S.E. 19TH STREET	
CITY-ST-ZIP	GAINESVILLE FL 32641	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WATTS, AMOS SR.	
STREET ADDRESS	905 N.E. 26TH TERRACE	
CITY-ST-ZIP	GAINESVILLE FL 32641	
TITLE	D	<input type="checkbox"/> Delete
NAME	WATTS, GEORGE	
STREET ADDRESS	2519 N.E. 71ST STREET	
CITY-ST-ZIP	GAINESVILLE FL 32609	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROLLINS, COLUMBUS SR.	
STREET ADDRESS	7015 N.E. 27TH AVENUE	
CITY-ST-ZIP	GAINESVILLE FL 32609	
TITLE	D	<input type="checkbox"/> Delete
NAME	WATTS, AMOS JR.	
STREET ADDRESS	905 N.E. 26TH TERRACE	
CITY-ST-ZIP	GAINESVILLE FL 32641	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ALFORD, AUDO SR.	
STREET ADDRESS	2941 N.W. 68TH AVENUE	
CITY-ST-ZIP	GAINESVILLE FL 32653	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

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

Sgt. 8, 2003
Date Daytime Phone #

(352) 334-2150

CR2E037 (4/03)