2000 UNIFORM BUSINESS REPORT (UBR)

FILED May 23, 2000 8:00 am Secretary of State DOCUMENT # N97000002776 1. Entity Name **NEW BEGINNINGS DEVELOPMENT CORPORATION** 05-23-2000 90243 028 ****61.25 Mailing Address Principal Place of Business 2900 18TH AVE SO. 2900 18TH AVE SO. ST PETERSBURG FL 33713 ST PETERSBURG FL 33712-2552 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Applied For City & State City & State 4. FEI Number 59-3472585 Not Applicable \$8.75 Additional П 5. Certificate of Status Desired D: rellas 3705 Pine 1195 Fee Required 705 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) BENNETT, RODNEY 658 60TH AVE SO. ST PETERSBURG FL 33705 Zip Code City 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. 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. **Department of State** Added to Fees FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. 10. ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME BAKER, DELRICK STREET ADDRESS STREET ADDRESS 2533 QUEENSBORO AVE SO. CITY-ST-ZIP CITY-ST-ZIP ST PETERSBURG FL 33712 ☐ Change ☐ Addition ☐ Delete TITLE TITLE D NAME NAME YOUNG, KEITH STREET ADDRESS STREET ADDRESS 2608 4TH ST. SO. CITY-ST-ZIP CITY-ST-ZIP ST PETERSBURG FL 33705 . Addition ☐ Change □ Delete TITLE TITLE NAME NAME -MACK-ROSE STREET ADDRESS STREET ADDRESS 1860- LAKEWOOD DR. SO. CITY-ST-ZIP CITY-ST-ZIP ST PETERSBURG FL 33712 ☐ Change ☐ Addition TITLE TITLE □ Delete NAME NAME BENNETT, RODNEY STREET ADDRESS STREET ADDRESS 658 60TH AVE SO CITY-ST-ZIP CITY-ST-ZIP ST PETERSBURG FL 33705 Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

SIGNATURE: AND THE DO PRINTED NAME OF SIGNING OFFICER OF DIRECTOR Date Date Date Date Dayline Phone #

changed, or on an attachment with an address, with all other like empowered