

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000040039

1. Entity Name
BEGINNING AGAIN, INC.

FILED
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90019 049 ***150.00

Principal Place of Business
7110 N. HOWARD ST.
TAMPA FL 33604

Mailing Address
7110 N. HOWARD ST.
TAMPA FL 33604



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2288 DREW

3. Mailing Address
SAME

Suite, Apt. #, etc.
Suite B

Suite, Apt. #, etc.

City & State
CLEARWATER
FLORIDA

City & State

4. FEI Number
59-3638646

Applied For
Not Applicable

Zip
33675

Country
FL

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BARTHOLOMEW, THERESA DAY
7110 N. HOWARD ST.
TAMPA FL 33604

7. Name and Address of New Registered Agent

Name
Theresa Bartholomew
Street Address (P.O. Box Number is Not Acceptable)
2690 DREW ST
City
CLW FL Zip Code
33759

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
Theresa Bartholomew

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Theresa Bartholomew
PRESIDENT
2690 DREW ST
Suite B, CLW, FL 33759

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete

TITLE
NAME
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STREET ADDRESS
CITY-ST-ZIP
Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

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CITY-ST-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

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

1-15-2001 727-725-3754
Date Daytime Phone

CR2E034 (10/00)