2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2001 8:00 am
Secretary of State
01-26-2001 90019 049 ***150.00

DOCUMENT # P00000040039

1. Entity Name
BEGINNING AGAIN, INC.

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2288 DREW	SAME
Suite, Apt. #, etc.: Suite B	Suite, Apt. #, etc.
City & State: CLEARWATER FLCLEARWATER	City & State
Zip: 33765 Country: FL	Zip Country

BIN H

4. FEI Number 59-3638646 ☐ 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
BARTHOLOMEW, THERESA DAY 7110 N. HOWARD ST. TAMPA FL 33604	Name: Theresa Barthalomew Street Address (P.O. Box Number is Not Acceptable): 2690 DREW ST APT 947 City: CLW FL. **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 Barthalomew
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Theresa Barthalomew ☐ Delete PRESIDENT 2690 DREW ST Suite B, CLW, FL. 33759	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/00)

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 Barthalomew 1-15-2001 727-725-3754
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #