

# 2003 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**  
 04-28-2003 91468 010 \*\*\*150.00

**DOCUMENT #** P00000041849  
**Entity Name**  
 EW BEGINNINGS COUNSELING SERVICE, INC. ✓

**Principal Place of Business**  
 SCHOOL AND HOME SETTING  
 BOX 540025  
 ORLANDO FL 32854

**Mailing Address**  
 4008 MAGUIRE BLVD., #5209  
 ORLANDO FL 32803



**Principal Place of Business**  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

**3. Mailing Address**  
 7482 Canford Ct  
 Suite, Apt. #, etc.  
 Winter Park  
 City & State  
 FL  
 Zip Country  
 32792 USA

DO NOT WRITE IN THIS SPACE  
 5/13 59-3685891  
**4. FEI Number**  
 Applied For  
 Not Applicable  
**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
 SCHAFFER, FRANCIE B  
 4008 MAGUIRE BLVD., #3209  
 ORLANDO FL 32803

**7. Name and Address of New Registered Agent**  
 Name: Francie Schaffer  
 Street Address (P.O. Box Number is Not Acceptable): 7482 Canford Court  
 Winter Park, FL 32792  
 City: FL Zip Code:

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** *Francie Schaffer* **DATE** 4/24/03  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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**

OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
LE	PD	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
ME	SCHAFFER, FRANCIE B		NAME	Schaffer Francie	
REET ADDRESS	4008 MAGUIRE BLVD., #5209		STREET ADDRESS	7482 Canford Court	
Y-ST-ZIP	ORLANDO FL 32803		CITY-ST-ZIP	Winter Park, FL 32792	
LE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
ME	BECKLES, CONRADO		NAME		
REET ADDRESS	5016 PARK CENTRAL DRIVE, #2213		STREET ADDRESS		
Y-ST-ZIP	ORLANDO FL 32839		CITY-ST-ZIP		
LE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
ME			NAME		
REET ADDRESS			STREET ADDRESS		
Y-ST-ZIP			CITY-ST-ZIP		
LE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
ME			NAME		
REET ADDRESS			STREET ADDRESS		
Y-ST-ZIP			CITY-ST-ZIP		
LE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
ME			NAME		
REET ADDRESS			STREET ADDRESS		
Y-ST-ZIP			CITY-ST-ZIP		

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:** *Francie Schaffer* **DATE** 4/24/03 **DAYTIME PHONE #** 407-929-1374  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)