

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 23, 2001 8:00 am  
Secretary of State

04-23-2001 90188 043 \*\*\*150.00

DOCUMENT # P01000000068

1. Entity Name

NEW BEGINNINGS FURNITURE, INC.

Principal Place of Business

2895 NE 33RD COURT  
#2  
FORT LAUDERDALE FL 33306

Mailing Address

2895 NE 33RD COURT  
#2  
FORT LAUDERDALE FL 33306

2. Principal Place of Business

3330 NORTH Federal Hwy  
Suite, Apt. #, etc.

3. Mailing Address

3330 North Federal Hwy  
Suite, Apt. #, etc.

City & State

Lighthouse PT., FL  
33064 Broward

City & State

Lighthouse PT., FL  
33064 Broward

4. FEI Number

31-1762176

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

ESTES, TIGHE J  
2895 NE 33RD COURT  
#2  
FORT LAUDERDALE FL 33306

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.

SIGNATURE

*Tighe Estes* President

4/15/01

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 D ☐ Delete  
NAME ESTES, TIGHE J  
STREET ADDRESS 2895 NE 33RD COURT #2  
CITY-ST-ZIP FORT LAUDERDALE FL 33306

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME ESTES, JAN M.  
STREET ADDRESS 2895 NE 33RD COURT #2  
CITY-ST-ZIP FORT LAUDERDALE FL 33306

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME SEABERG, ROBERT E  
STREET ADDRESS 650 PENN LANE  
CITY-ST-ZIP NORTH MUSKEGON MI 49445

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME ESTES, TAGUS J  
STREET ADDRESS 2895 NE 33RD COURT #2  
CITY-ST-ZIP FORT LAUDERDALE FL 33306

TITLE ☒ Change ☐ Addition  
NAME *Estes, Tagus J*  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME ESTES, TROY F  
STREET ADDRESS 2895 NE 33RD COURT #3  
CITY-ST-ZIP FORT LAUDERDALE FL 33306

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME SEABERG, THERESA M  
STREET ADDRESS 650 PENN LANE  
CITY-ST-ZIP NORTH MUSKEGON MI 49445

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Tighe Estes* *Tighe Estes*

4/15/01

946-7840

CR2E034 (10/00)