

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2003 8:00 am
Secretary of State

05-19-2003 90226 031 ***550.00

DOCUMENT # P01000056067

1. Entity Name
AT HOME WITH BETH, INC.



Principal Place of Business
**139 COUNTRY RD. SUITE 3
PALM BCH FL 33480**

Mailing Address
**139 COUNTRY RD. SUITE 3
PALM BCH FL 33480**



2. Principal Place of Business

11870 STONEHAVEN WAY

3. Mailing Address

11870 STONEHAVEN WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State **West PALM BEACH FL** City & State **West PALM BEACH, FL**

4. FEI Number **65-1117517**

Applied For
Not Applicable

Zip
33412

Country
USA

Zip
33412

Country
USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SCOTT, JR., ALAN F ESQUIRE
25 F LEXINGTON LANE WEST
PALM BCH GARDENS FL 33418**

7. Name and Address of New Registered Agent

Name **BETH WEINGARTEN**

Street Address (P.O. Box Number is Not Acceptable)

11870 STONEHAVEN WAY

City **WEST PALM BEACH FL**

Zip Code **33412**

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. I am familiar with, and accept the obligations of, registered agent.

SIGNATURE

Beth Weingarten

(NOTE: Registered Agent signature required when reinstating)

5/13/03

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **WEINGARTEN, BETH**
STREET ADDRESS **11870 STONEHAVEN WAY**
CITY-ST-ZIP **WEST PALM BEACH FL 33412**

☐ Delete

TITLE
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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

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☐ Change ☐ Addition

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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Beth Weingarten

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/13/03 (561) 627-6022

Date

Daytime Phone #

CR2E034 (10/02)