

-2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90065 026 ***150.00

DOCUMENT # P098161. Entity Name
NME NEW BEGINNINGS - WESTERN, INC.

Principal Place of Business

**3820 STATE STREET
SANTA BARBARA CA 93105**

Mailing Address

**% MARY H. YUMIBE
3820 STATE STREET
SANTA BARBARA CA 93105**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **52-1286348**Applied For
Not Applicable

Zip

Country

Zip

Country

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****CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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

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, 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****11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	P	<input type="checkbox"/> Delete	PULLEN, TIMOTHY L			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
			13737 NOEL ROAD				
			DALLAS TX 75240				
	AS	<input type="checkbox"/> Delete	LARSEN, CAITLIN M			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
			3820 STATE STREET				
			SANTA BARBARA CA 93105				
	DVS	<input type="checkbox"/> Delete	SILVER, RICHARD B			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
			3820 STATE STREET				
			SANTA BARBARA CA 93105				
	T	<input type="checkbox"/> Delete	DENT, DENNIS L			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
			3820 STATE STREET				
			SANTA BARBARA CA 93105				
		<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> 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: *Caitlin M. Larsen* **Caitlin M. Larsen, Asst. Sec.** **3/18/02** **805/563-7075**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)