

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90036 035 ***150.00

DOCUMENT # P95000063017

1. Entity Name

BEYOND THE KINGDOM, INC.

Principal Place of Business

**2221 SPRINGS LANDING BLVD.
 LONGWOOD FL 32779**

Mailing Address

**2221 SPRINGS LANDING BLVD.
 LONGWOOD FL 32779**

2. Principal Place of Business

3. Mailing Address

635 SAMANTHA LANE

635 SAMANTHA LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

LAKE MARY FL

LAKE MARY FL

Zip

Country

Zip

Country

32746

SEMINOLE

32746

SEMINOLE

6. Name and Address of Current Registered Agent

DIFRANCESCO, JOEY

**2221 SPRINGS LANDING BLVD.
 LONGWOOD FL 32779**

7. Name and Address of New Registered Agent

Name **Gina Mowery**

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

City **LAKE MARY**

FL

Zip Code **32746**

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 of Gina Mowery]

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEYOND THE KINGDOM L.P. 3885 S. DECATUR, STE 2010 LAS VEGAS NV 89103	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO Gina Mowery 635 SAMANTHA LANE LAKE MARY FL 32746	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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 another like empowered.

SIGNATURE:

[Signature of Gina Mowery]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/19/02 (407) 310-3912

CR2E034 (9/01)