

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000095071

1. Entity Name

NEW LIFE 2000, INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90224 021 ***150.00

Principal Place of Business

Mailing Address

7624 SAN REMO PLACE
STE 1021
ORLANDO FL 32835
US

7624 SAN REMO PLACE
STE 1021
ORLANDO FL 32835-2674
US

2. Principal Place of Business

3. Mailing Address

NEW LIFE 2000 INC

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1256 COMMUNAL COURT ST-00-A

City & State

City & State

CLERMONT FL

Zip

Country

Zip

Country

34711

USA

4. FEI Number

65-0709879

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

BECKETT, ROY
7624 SAN REMO PLACE
ORLANDO FL 32835

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, 2000 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	P	<input type="checkbox"/> Delete
NAME	BECKETT, ROY	
STREET ADDRESS	7624 SAN REMO PLACE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BECKETT, ESTHER P	
STREET ADDRESS	7624 SAN REMO PLACE	
CITY-ST-ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> Delete
NAME		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

ESTHER P. BECKETT U.P.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/10/00

407-296-8569

CR2E034 (9/99)