

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90038 035 ***150.00

DOCUMENT # P97000003837

1. Entity Name
ALICE'S BRITE BEGINNING, INC.



Principal Place of Business
**4210 78TH AVE N
PINELLAS PARK FL 33781**

Mailing Address
**4210 78TH AVE N
PINELLAS PARK FL 33781**

2. Principal Place of Business

Same

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3418685**

Applied For
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**REAGLE, ALICE L
4210 78TH AVE N
PINELLAS PARK FL 33781**

7. Name and Address of New Registered Agent

Name **Donna M. Jackson**
Street Address (P.O. Box Number is Not Acceptable) **4210 78th Avenue N.**
City **Pinellas Park** **FL** Zip Code **33781**

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 *Donna M. Jackson* (Donna M. Jackson) 1/21/2003
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

| | | |
|----------------|----------------------------------|--|
| TITLE | ST | <input checked="" type="checkbox"/> Delete |
| NAME | SIMMONS, SUSAN L | |
| STREET ADDRESS | 1812 BAYOU GRANDE BLVD NE | |
| CITY-ST-ZIP | ST PETERSBURG FL 33703 | |
| TITLE | P | <input checked="" type="checkbox"/> Delete |
| NAME | REAGLE, ALICE L | |
| STREET ADDRESS | 5543 WESTCHESTER BLVD | |
| CITY-ST-ZIP | ST PETERSBURG FL 33709 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|----------------------------------|--|
| TITLE | Exec/Treas/Pres. | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Donna M. Jackson | |
| STREET ADDRESS | 15537 Redington Dr. | |
| CITY-ST-ZIP | Redington Beach, FL 33708 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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: *Donna M. Jackson* (Donna M. Jackson) 1/21/2003 927393370
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)