

2000 UNIFORM BUSINESS REPORT (UBR)

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

01-19-2000 90104 003 ***150.00

DOCUMENT # P97000036926
 1. Entity Name
IT'S A START, INC.

Principal Place of Business Mailing Address
5203 N. 15TH STREET **5203 N. 15TH STREET**
TAMPA FL 33610 **TAMPA FL 33549-5542**

2. Principal Place of Business 3. Mailing Address
2418 REGAL DRIVE **2418 REGAL DRIVE**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
LVTZ FL **LVTZ FL**
 Zip Country Zip Country
33549 **USA** **33549** **USA**

4. FEI Number Applied For
59-3448304 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

A0006248



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
DUFOUR, GEORGE ALLEN
4610 CENTRAL AVENUE
TAMPA FL 33610

7. Name and Address of New Registered Agent
 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

TITLE	D	<input type="checkbox"/> Delete
NAME	MORRIS, BETH A	
STREET ADDRESS	5203 N. 15TH STREET	
CITY-ST-ZIP	TAMPA FL 33610	
TITLE	D	<input type="checkbox"/> Delete
NAME	HENRY, JUDITH A	
STREET ADDRESS	5203 N. 15TH STREET	
CITY-ST-ZIP	TAMPA FL 33610	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BETH A MORRIS	
STREET ADDRESS	2418 REGAL DR	
CITY-ST-ZIP	LVTZ FL 33549	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JUDITH A HENRY	
STREET ADDRESS	2418 REGAL DR	
CITY-ST-ZIP	LVTZ FL 33549	
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		

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: Judith A. Henry **JUDITH A. HENRY** Date: **1-10-00** Daytime Phone #: **813 9486120**

UBR 1.0

CR2E034 (9/99)