2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000022606** May 02, 2000 8:00 am Secretary of State BEYOND CUTS, INC. 05-02-2000 90050 021 ***158.75 Principal Place of Business Mailing Address 2780 N. FLORIDA AVENUE 2780 N. FLORIDA AVENUE HERNANDO FL 34442 HERNANDO FL 34442-4390 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FÉI Number Applied For City & State City & State 59-3505099 Not Applicable 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SPOONER LANIER, BRENDA (P.O. Box Number is Not Acceptable E. AMHERST S 2798 E. MARY LOUE STREET **INVERNESS FL 34450** 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Delete TITLE TITLE LANIER, BRENDA NAME NAME 2798 E. MARY LOUE STREET STREET ADDRESS STREET ADDRESS **INVERNESS FL 34450** CITY-ST-ZIP CITY-ST-ZIP PRESIDENT ☐ Addition TITLE ☐ Delete RENEE E SPOONER DEBOARD, RENE NAME **4209 AMHERST STREET** STREET ADDRESS STREET ADDRESS 4209 E. AMHURST ST CITY-ST-ZIP= HERNANDO-FL-34442 CITY:ST:ZIP HEENANDO □ Addition ☐ Delete TITLE TITLE NAME PHILLIP F. SPOONER 4209 E. ANLITURET ST. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Change ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 RENEE GOONER (PRES) DE HOUSE E SPOONER DAIR DE SIGNING OFFICER OR DIRECTION

(352) 126-55h