

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000095999

1. Entity Name

WAY BEYOND INC.

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90039 006 ***150.00

Principal Place of Business

Mailing Address

646 15TH AVENUE NE
ST. PETERSBURG FL 33704

646 15TH AVENUE NE
ST. PETERSBURG FL 33704-4709

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3550436

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LONGLEY, DAVID
THOMPSON & GOODIS
333 THIRD AVE N 4TH FLOOR
ST. PETERSBURG FL 33731

Name **HAAS & BEIK P.A.**

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

1901 N 13 ST

City **TAMPA**

FL

Zip Code **33601**

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 **DAVID LONGLEY**

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 ☐ Delete
NAME **D**
STREET ADDRESS **ARNOULD, CLAUDE**
CITY-ST-ZIP **646 15 AVE NE**
ST. PETERSBURG FL 33704

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

CLAUDE ARNOULD

CLAUDE ARNOULD

1/6/2000 (727) 825 3775

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)