

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000018280

1. Entity Name

BEGINNING ANEW ENTERPRISES, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90067 028 ***155.00

Principal Place of Business Mailing Address
6951 HWY C30E.CAPE SAN BLAS RD. 6951 HWY C30E.CAPE SAN BLAS RD.
P.O. BOX 965 P.O. BOX 965
PORT ST. JOE FL 62457 PORT ST. JOE FL 32457-0965

2. Principal Place of Business 3. Mailing Address
110 BROAD STREET 110 BROAD STREET
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
PORT ST. JOE, FL PORT ST. JOE, FL
Zip 32456 Country U.S. Zip 32456 Country U.S.



DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
☒ Not Applicable

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

6. Name and Address of Current Registered Agent

QUINN, LASAGNA A
6951 HWY C30E.CAPE SAN BLAS RD.
P.O. BOX 965
PORT ST. JOE FL 62457

7. Name and Address of New Registered Agent

Name LATRIKA J. QUINN
Street Address (P.O. Box Number is Not Acceptable) 110 BROAD STREET
City PORT ST. JOE FL Zip Code 32456

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 *Latrika J. Quinn* LATRIKA J. QUINN. DATE 4/21/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	REGISTERED AGENT <input checked="" type="checkbox"/> Delete
NAME	LASAGNA A. QUINN
STREET ADDRESS	P.O. BOX 965
CITY-ST-ZIP	PORT ST. JOE, FL 32457
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	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	LATRIKA J. QUINN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REGISTERED AGENT
STREET ADDRESS	110 BROAD ST.
CITY-ST-ZIP	PORT ST. JOE, FL 32456
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	

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: *Billy C. Quinn, Jr.* / BILLY C. QUINN, JR. DATE 4/21/00 (850) 229-8404
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/99)