

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**May 07, 2001 8:00 am**  
**Secretary of State**

05-07-2001 90045 016 \*\*\*155.00

**DOCUMENT # P99000018280**

1. Entity Name  
**BEGINNING ANEW ENTERPRISES, INC.**

Principal Place of Business  
**110 BROAD ST.  
PORT SAINT JOE FL 32456**

Mailing Address  
**110 BROAD ST.  
PORT SAINT JOE FL 32456**

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 **NOT APPLICABLE**

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

**QUINN, LASAGNA A  
6951 HWY C30E, CAPE SAN BLAS RD.  
P.O. BOX 965  
PORT ST. JOE FL 32457**

Name **QUINN, LATRIKA, J.**  
Street Address (P.O. Box Number is Not Acceptable)  
**110 BROAD ST.**  
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 SECRETARY** **4/26/01**  
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, 2001 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 **A** ☐ Delete  
NAME **QUINN, LATRIKA**  
STREET ADDRESS **110 BROAD ST.**  
CITY-ST-ZIP **PORT SAINT JOE FL 32456**

TITLE **SECRETARY** ☒ Change ☐ Addition  
NAME **QUINN, LATRIKA, J.**  
STREET ADDRESS **110 BROAD ST.**  
CITY-ST-ZIP **PORT ST. JOE, FL 32456**

TITLE **DIRECTOR** ☐ Delete  
NAME **QUINN, LATRIKA, J.**  
STREET ADDRESS **110 BROAD ST.**  
CITY-ST-ZIP **PORT ST. JOE, FL 32456**

TITLE **DIRECTOR** ☐ Change ☒ Addition  
NAME **QUINN, LATRIKA, J.**  
STREET ADDRESS **110 BROAD ST.**  
CITY-ST-ZIP **PORT ST. JOE, FL 32456**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ 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.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/26/01** **(850) 227-9801**  
Date Daytime Phone #

CR2E034 (10/00)