

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 735151

1. Entity Name

BURDEN FOR SOULS, INC.

Principal Place of Business

1214 ROGER BABSON RD.
ORLANDO FL 32808

Mailing Address

1214 ROGER BABSON RD.
ORLANDO FL 32808

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

51-0204828

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DUVALL, C. TOM
1214 ROGER BABSON RD.
ORLANDO FL 32808

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE VD
NAME DUVAL, STEPHEN
STREET ADDRESS 1805 FAHNSTOCK ST.
CITY-ST-ZIP EUSTIS FL 32726 ☐ Delete

TITLE STD
NAME DUVALL, WANDA
STREET ADDRESS 1214 ROGER BABSON RD.
CITY-ST-ZIP ORLANDO FL ☐ Delete

TITLE PD
NAME DUVALL, TOM C
STREET ADDRESS 1214 ROGER BABSON RD.
CITY-ST-ZIP ORLANDO FL 32808 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE T/D/C
NAME DuVall, Wanda J.
STREET ADDRESS 1214 Roger Babson Rd.
CITY-ST-ZIP Orlando, FL 32808 ☒ Change ☐ Addition

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

TITLE S/D
NAME Mayo, Kim A.
STREET ADDRESS 5249 Dawn Ln.
CITY-ST-ZIP Holiday, FL 34690 ☐ Change ☒ Addition

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

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Wanda J. DuVall
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/01

Date

407-295-9877

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)