

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J67837

1. Entity Name

SCRIPTURA INSPIRATIONAL RESOURCES, INC.

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90078 048 ***150.00

0034106

Principal Place of Business
2020 W. BRANDON BLVD
SUITE 155
BRANDON FL 33511
US

Mailing Address
2020 W. BRANDON BLVD
SUITE 155
BRANDON FL 33511
US

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2822661
Applied For
Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent
CROSBY, SHARON W
2714 DE MENTMOLLIN RD
PLANT CITY FL 33565

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

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	P	<input checked="" type="checkbox"/> Delete		TITLE	P	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WARNER, DONALD W.			NAME	Warner, Gloria J.		
STREET ADDRESS	1309 E. SPENCER ST.			STREET ADDRESS	1309 E. Spencer St		
CITY-ST-ZIP	PLANT CITY FL			CITY-ST-ZIP	Plant City FL 33566		
TITLE	VP	<input checked="" type="checkbox"/> Delete		TITLE	S/T	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CROSBY, FRANKLIN D.			NAME	Crosby, Sharon W.		
STREET ADDRESS	2714 DEMONTMOLLIN RD.			STREET ADDRESS	2714 de Montmollin Rd		
CITY-ST-ZIP	PLANT CITY FL			CITY-ST-ZIP	Plant City FL 33565		
TITLE	S	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WARNER, GLORIA J.			NAME			
STREET ADDRESS	1309 E SPENCER ST			STREET ADDRESS			
CITY-ST-ZIP	PLANT CITY FL			CITY-ST-ZIP			
TITLE	T	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CROSBY, SHARON W.			NAME			
STREET ADDRESS	2714 DEMONTMOLLIN RD.			STREET ADDRESS			
CITY-ST-ZIP	PLANT CITY FL			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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: Sharon W. Crosby (Sharon W. Crosby)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-01 813-653-0755
Date Daytime Phone #

CR2E034 (10/00)