APPRUYU AND **2002 UNIFORM BUSINESS REPORT (UBR)** DOCUMENT # L01000019258 1. Entity Name 02 OCT -7 AM 9: 58 BIBLE CURE, L.L.C. SECRETARY OF STATE TAUL AHASSEE, FLORIDA Principal Place of Business Mailing Address 908 BOOTH CIR 1908 BOOTH CIR 978900 LONGWOOD FL 32750 LONGWOOD FL 32750 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent COLBERT, MARY EVELYN 1908 BOOTH CIR Street Address (P.O. Box Number is Not Acceptable) LONGWOOD FL 32750 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 -10/09/02--01063--026 Make Check Payable to Department of State *****50.00 *****50.0<mark>0</mark> Due By September 25, 2002 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES MGR TITLE TITLE ☐ Detete (4/02)☐ Change Addition COLBERT, DONALD E MID MALK NAME STREET ADDRESS 1908 BOOTH CIR STREET ADDRESS CR2E083 CITY-ST-ZIP LONGWOOD FL 32750 CITY-ST-ZIP TITLE MGR ☐ Delete TITLE ☐ Change ☐ Addition NAME COLBERT, MARY EVELYN NAME STREET ADDRESS **1908 BOOTH CIR** STREET ADDRESS CITY-ST-ZIE LONGWOOD FL 32750 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS: CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete THE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited flability company or the receiver or fustee empowered to execute this report as required by Chapter 608, Florida Statutes. BIGNATURE AND TYPED OR PRINTED NAME OF BIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE