## 2003 LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

limited liability company or the

SIGNATURE:

ceiver or trustee empowered to execute this

OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

## Jan 27, 2003 8:00 am **Secretary of State** DOCUMENT # L01000019258 01-27-2003 90082 021 \*\*\*\*50.00 1. Entity Name BIBLE CURE, L.L.C. Principal Place of Business Mailing Address 20018327 1908 BOOTH CIR 1908 BOOTH CIR LONGWOOD FL 32750 LONGWOOD FL 32750 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. T CHECK HERE IF MAKING CHANGES City & State Applied For City & State 4. FEI Number 06-1638619 Not Applicable Zip Zip Country 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 Name COLBERT, MARY EVELYN Street Address (P.O. Box Number is Not Acceptable)\_ 1908 BOOTH CIR LONGWOOD FL 32750 Citv Zip Code FI 8. The above named entity submits this statement fa anging its registered office or registered agent, or both, in the State of Florida. Liam familiar with, and accept the obligations of SIGNATURE ed agent and title if applicable FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES CR2E083 (10/02) TITLE MGR TITLE Change ☐ Addition Delete NAME COLBERT, DONALD E MD NAME STREET ADDRESS STREET ADDRESS 1908 BOOTH CIR CITY-ST-ZIP LONGWOOD FL 32750 CITY-ST-ZIP Delete TITLE MGR TITLE Change ☐ Addition NAME COLBERT, MARY EVELYN NAME STREET ADDRESS STREET ADDRESS 1908 BOOTH CIR CITY-ST-ZIP CITY-ST-ZIP LONGWOOD FL 32750 Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP Delete TITLE ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information

acculate 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 everyor trustee empowered to execute this raport as refuired by Chapter 608, Florida Statutes.

Daytime Phone #

**FILED**