

2001 UNIFORM BUSINESS REPORT (UBR)

09-13-2001 90012015 *****61.25
N00000002870

DOCUMENT # N00000002870

1. Entity Name
MICHAEL PIPES MINISTRIES INC.

Principal Place of Business Mailing Address
5007 N DAVIS HWY STE 16 5007 N DAVIS HWY STE 16
PENSACOLA FL 32503 PENSACOLA FL 32503

2. Principal Place of Business 3. Mailing Address
P.O. Box 1113 P.O. Box 1113
Suite, Apt. #, etc. Suite, Apt. #, etc.
Gulf Breeze, FL Gulf Breeze, FL
City & State City & State
32562 32562
Zip Zip
Country USA Country USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3634658 Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent
PIPES, MICHAEL Y
5007 N DAVIS HWY STE 16
PENSACOLA FL 32503
7. Name and Address of New Registered Agent
Name: MICHAEL Y. PIPES
Street Address (P.O. Box Number is Not Acceptable): 2966 Duke Dr.
City: Gulf Breeze FL Zip Code: 32563

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: MICHAEL Y. PIPES 9-10-2001
(NOTE: Registered Agent's signature required when relinquishing)

FILE NOW: FEE IS \$61.25 After September 12, 2001, min. will be \$236.25
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition
President	Michael Pipes				
STREET ADDRESS	2966 Duke Dr.				
CITY-STATE-ZIP	Gulf Breeze FL 32563				
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition
President	Michael Pipes				
STREET ADDRESS	2966 Duke Dr.				
CITY-STATE-ZIP	Gulf Breeze FL 32563				
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition
Secretary	RECU CAREY				
STREET ADDRESS	225 N. Dover Rd.				
CITY-STATE-ZIP	Dover, FL 33527				
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition
TITLE	NAME	☐ Delete	TITLE	NAME	☐ 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, without other law empowered.

SIGNATURE: MICHAEL Y. PIPES 9-10-2001 850-934-7282
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 DEC 14 PM 4:49

00010765

CR25037 (5/01)

Micheal Pipes Ministries

PO Box 1113
Gulf Breeze, FL 32562
850-934-7282



October 25, 2001

To Whom it May Concern:

We received a notice of Administrative Dissolution or Revocation in error according to our records. On September 10, we mailed form UBR with a check in the amount of \$61.25. Soon after, we were sent the original form back and asked to clarify the offices of the individuals listed. We then mailed back the original form completed.

Please check your records. You should have the original form completed and our records show that the check we wrote to you has already cleared our bank.

Thank you,

*Michele Pipes
Administrator*