

2001-2002

1042

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000005464

1. Entity Name

STANDING IN THE GAP, INC.

04-19-2001 90079 003 ****75.00
09-19-2001 90034 002 ****61.25
SECRETARY OF STATE
UNIFORM BUSINESS REPORTS

02 MAR 20 PM 4:00

Principal Place of Business P.O. BOX 112 HOMOSASSA SPRINGS FL 34447	Mailing Address P.O. BOX 112 HOMOSASSA SPRINGS FL 34447
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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4. FEI Number	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

SHEETS, JIMMY
602 NE HWY 19
CRYSTAL RIVER FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT SHEETS, JIMMY P.O. BOX 112 HOMOSASSA SPRINGS FL 34447	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT JONES, LESLIE 2219 FOREST DR INVERNESS FL 34453	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STT DAVIDSON, RICHARD 6262 E JOYCE LANE INVERNESS FL 34652	☐ 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 NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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: SIGNATURE REQUIRED 3527959338
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2037 (5/01)

AD

MARCH 20, 2002

Dept. of State
Division of Corporations

ATTN: Andy

RE: Standing in the Gap, Inc.
Document NO. N00000005464

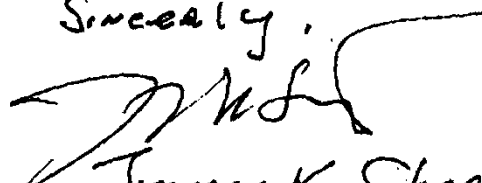
Dear Sir:

Please be advised that I never received your
letter of Sept. 17, 2001 requesting the FEI.
my FEI is 59-3688192.

Please Reinstate the above referred corporate status
and send me a letter of reinstatement for
my files.

Thank you for your assistance in this matter.

Sincerely,


Jimmy K. Sheets
Reg. Agent