2001-2002

1 of 2

UNIFORM BUSINESS REPORT (UBR)

04-19-2001 90079 003 ****75.00
09-19-2001 90034 002 ****61.25

SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 MAR 20 PM 4:00

DOCUMENT # N00000005464

1. Entity Name

STANDING IN THE GAP, INC.

Principal Place of Business	Mailing Address
P.O. BOX 112 HOMOSASSA SPRINGS FL 34447	P.O. BOX 112 HOMOSASSA SPRINGS FL 34447

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

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	7. Name and Address of New Registered Agent
SHEETS, JIMMY 602 NE HWY 19 CRYSTAL RIVER FL	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

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 / STREET ADDRESS / CITY-ST-ZIP	PT SHEETS, JIMMY P.O. BOX 112 HOMOSASSA SPRINGS FL 34447	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VT JONES, LESLIE 2219 FOREST DR INVERNESS FL 34453	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STT DAVIDSON, RICHARD 6262 E JOYCE LANE INVERNRSS FL 34652	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (5/01)

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 352 795 9338
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

AD

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MARCH 20, 2002

Dept. of STATE
DIVISION OF CORPORATIONS

ATTN: Andy

RE: STANDING IN THE GRAPHIC
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