

# 2001 UNIFORM BUSINESS REPORT (UBR)

5/1

**FILED**  
**Jun 26, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90197 042 \*\*\*\*61.25

**DOCUMENT # N00000006655**

1. Entity Name

**HEALTH UNLIMITED MINISTRIES, INC.**

*(Handwritten initials)*

Principal Place of Business

4111 W. IOWA AVE.  
 TAMPA FL 33616

Mailing Address

4111 W. IOWA AVE.  
 TAMPA FL 33616

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

**59-3678448**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

MILLS, GLORIA J  
 4123 HENDERSON BLVD.  
 TAMPA FL 33629

7. Name and Address of New Registered Agent

Name: **MARTHA JUNCAL, EA**  
 Street Address (P.O. Box Number is Not Acceptable):  
**DALEWORTH SERVICES**  
**11731 N. 15th Street**  
 City: **Tampa** FL Zip Code: **33612-5419**

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

*(Handwritten Signature: Martha Juncal EA)*

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**

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

TITLE: **D** ☐ Delete  
 NAME: **SOTO, EDWIN**  
 STREET ADDRESS: **4111 W. IOWA AVE.**  
 CITY-ST-ZIP: **TAMPA FL 33616**

TITLE: **D** ☐ Delete  
 NAME: **BLASI, THOMAS V**  
 STREET ADDRESS: **61 RUGGLE ST.**  
 CITY-ST-ZIP: **QUINCY MA 02169**

TITLE: **D** ☐ Delete  
 NAME: **WYATT, PHYLLIS**  
 STREET ADDRESS: **530 MOHAWK DR., #91**  
 CITY-ST-ZIP: **BOULDER CO 80303**

TITLE: ☐ Delete  
 NAME: ☐ Delete  
 STREET ADDRESS: ☐ Delete  
 CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete  
 NAME: ☐ Delete  
 STREET ADDRESS: ☐ Delete  
 CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete  
 NAME: ☐ Delete  
 STREET ADDRESS: ☐ Delete  
 CITY-ST-ZIP: ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: ☐ Change ☐ Addition  
 NAME: ☐ Change ☐ Addition  
 STREET ADDRESS: ☐ Change ☐ Addition  
 CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition  
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 STREET ADDRESS: ☐ Change ☐ Addition  
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TITLE: ☐ Change ☐ Addition  
 NAME: ☐ Change ☐ Addition  
 STREET ADDRESS: ☐ Change ☐ Addition  
 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:

*(Handwritten Signature: Martha Juncal EA)*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**6-13-01 (813) 832-3746**

CR2E037 (10/00)