

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N00000008261**

1. Entity Name

JESUS THE WAY THE TRUTH THE LIFE, INC.**FILED****Mar 13, 2002 8:00 am**
Secretary of State

03-13-2002 90023 046 ****61.25

Principal Place of Business

**1942 SW ERIE ST.
PORT SAINT LUCIE FL 34953**

Mailing Address

**1942 SW ERIE ST.
PORT SAINT LUCIE FL 34953**

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1004944

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WILSON, LLOYD
1942 SW ERIE ST.
PORT SAINT LUCIE FL 34953**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.259. 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
NAME
STREET ADDRESS
CITY-ST-ZIP**P
WILSON, LLOYD
1942 SW ERIE ST.
PORT SAINT LUCIE FL 34953**☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**VST
WILSON, DOREEN
1942 SW ERIE ST.
PORT SAINT LUCIE FL 34953**☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**DD
RADIE, BARBARA
142 BELMOUNT CIRCLE
PORT SAINT LUCIE FL 34953**☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**T
TAYLOR, MOSCINE
343 BRESLER COURTS
PORT SAINT LUCIE FL 34953**☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**T
REDICLNOTOINEL, NATE
142 BELMONT CIRCLE
PORT SAINT LUCIE FL 34953**☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)