

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000000191

1. Entity Name

SCRIPTURA RESOUCCE CENTER, INC.

FILED 09-16-2002 90101 036 ****61.25

02 SEP 20 PM 2:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
2020 WEST BRANDON BLVD STE 155 2020 WEST BRANDON BLVD STE 155
BRANDON FL 33511 BRANDON FL 33511

2. Principal Place of Business 3. Mailing Address
770 Dr. Martin Luther King Jr. Blvd. 770 Dr. Martin Luther King Jr. Blvd. W.
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Seffner FL Seffner FL
Zip Country Zip Country
33584 33584

4. FEI Number Applied For
59-3691365 Not Applicable

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

6. Name and Address of Current Registered Agent
CROSBY, SHARON W
2020 WEST BRANDON BLVD STE 155
BRANDON FL 33511

7. Name and Address of New Registered Agent
Name Gloria J. Warner
Street Address (P.O. Box Number is Not Acceptable)
770 Dr. Martin Luther King Jr. Blvd W.
City Seffner FL Zip Code 33584

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Gloria J. Warner*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

9-12-02
DATE

After September 13, 2002,
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WARNER, GLORIA J 1309 E SPENCER ST PLANT CITY FL 33568	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CROSBY, SHARON W 2714 DEMONTMOLLIN RD PLANT CITY FL 33565	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Joe Lightfoot 829 Jefferson Apt #2 Elgin IL 60120	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Rod Burkhardt 5215 Pine Rocklands Ave Lithia FL 33541	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 fee empowered.

SIGNATURE: *Gloria J. Warner*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-12-02 813/653-0755
Date Daytime Phone #

CR2E037 (4/02)