

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 15, 2002 8:00 am**  
**Secretary of State**

08-15-2002 90049 023 \*\*\*\*61.25

**DOCUMENT # N01000008866**

1. Entity Name

**BLUESKY MINISTRIES, INC.**

Principal Place of Business

**1011 PARK LAKE STREET  
 ORLANDO FL 32803**

Mailing Address

**1011 PARK LAKE STREET  
 ORLANDO FL 32803**

2. Principal Place of Business

**934 N. Magnolia Avenue**

Suite, Apt. #, etc.

**#302**

3. Mailing Address

**934 N. Magnolia Avenue**

Suite, Apt. #, etc.

**Suite #302**

City & State

**Orlando, FL**

City & State

**Orlando, FL**

4. FEI Number

**06-1636880**

Applied For

Not Applicable

Zip

**32803**

Country

**USA**

Zip

**32803**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**TREMAIN, MICHAEL E  
 1011 PARK LAKE STREET  
 ORLANDO FL 32803**

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTC TREMAIN, MICHAEL E 1011 PARK LAKE STREET ORLANDO FL 32803	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED OWENS, WILLIAM D IV 61 LAKE FORREST LANE ATLANTA GA 30342	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OWENS, W. DAVIES 61 LAKE FORREST LANE ATLANTA GA 30342	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHELTER, BOB DR 106 EAST CHURCH ST. ORLANDO FL 32801	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARBER, DON REV 3434 ROSWELL RD., N.W. ATLANTA GA 30305	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCARTHY, KEVIN P.O. BOX 1568 WINTER PARK FL 32790-1568	<input type="checkbox"/> Delete

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
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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 like empowered.

SIGNATURE: ~~SIGNATURE REQUIRED~~

**8/6/02 407/4474747**

CR2E037 (4/02)