

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91785 029 *****61.25

DOCUMENT # NO2000004563

1. Entity Name

STRATEGIC WARFARE MINISTRIES, INC.



Principal Place of Business

**1441 NE 9 ST
HOMESTEAD FL 33033**

Mailing Address

**1441 NE 9 ST
HOMESTEAD FL 33033**

2. Principal Place of Business

1441 NE 9th St

3. Mailing Address

Suite, Apt. #, etc.

City & State

Homestead, FL

Zip

Country **U.S.A**
Florida

Zip

Country

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**GLADNEY, ARTHUR PASTOR
1441 NE 9 ST
HOMESTEAD FL 33033**

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

Notasha Gladney *Notasha Gladney* *3-20-2003*

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PCEO	<input type="checkbox"/> Delete
NAME	GLADNEY, ARTHUR	
STREET ADDRESS	1441 NE 9 ST	
CITY-ST-ZIP	HOMESTEAD FL 33033	
TITLE	D	<input type="checkbox"/> Delete
NAME	GLADNEY, ARTHUR	
STREET ADDRESS	1441 NE 9 ST	
CITY-ST-ZIP	HOMESTEAD FL 33033	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GLADNEY, NATASHA	
STREET ADDRESS	1441 NE 9 ST	
CITY-ST-ZIP	HOMESTEAD FL 33033	
TITLE	STD	<input type="checkbox"/> Delete
NAME	JOSEPH, SANDRA	
STREET ADDRESS	1632 NE 159 ST	
CITY-ST-ZIP	MIAMI FL 33162	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Notasha Gladney *Notasha Gladney* *4-30-03* *(305)247-9989*

4-30-03 *(305)247-9989*

CR2E037 (10/02)