

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2001 8:00 am
Secretary of State

03-29-2001 90406 012 *****66.25

0080549

DOCUMENT # N24820

1. Entity Name

EVANGELICAL OUTREACH MINISTRIES, INC.

Principal Place of Business

7537 ANDREWS STREET
 HUDSON FL 34667
 US

Mailing Address

EVANGELICAL OUTREACH MINISTRIES, INC.
 P O BOX 5216
 HUDSON FL 34667
 US

C0039089



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Same as above

3. Mailing Address

*7537 Andrews Street
 Suite, Apt. #, etc.
 Hudson FL*

City & State

Same as above

City & State

HUDSON FL

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Same as above

Country

Zip

34667

Country

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

6. Name and Address of Current Registered Agent

☒ **MENCE, EDGAR**
 12418 WEATHERSTONE ROW
 BAYONET POINT FL 34667

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 \$61.25

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 | PTD RICKETSON, ROBERT M SR 8104 VALLEY STREAM LANE BAYONET POINT FL 34667 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VSTD ROTHMEIER, CHARLOTTE 7535 ANDREWS AVENUE HUDSON FL 34667 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD WOODRING, WILLIAM 86 PARK LANE NEW PORT RICHEY FL | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VTD JASPER, HAROLD 6041 CHEERS DRIVE PORT RICHEY FL 34668 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD COCHRAN, WILLIAM 108 HARBOR BLUFFS PORT RICHEY FL | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MARTEN, MARVIN 1660 PINE VALLEY DRIVE FORT MEYERS FL 33919 | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" 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 |
| 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: Robert M. Rickerson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAR. 25, 2001

Date Daytime Phone #

727-868-4405

CR2E037 (10/00)

Attachment Doc# N24820

March 25, 2001

CD039089

Dear Friend,

I need your help. - Recently we had a transmission repair and we were told to be tax exempt we need a certificate like the sample enclosed. Would you help us in that regard.

Thank you very much,

James R. Morrison



2001 Florida Annual Resale Certificate for Sales Tax

THIS CERTIFICATE EXPIRES ON DECEMBER 31, 2001

DR-1:
R. 01/0

Business Name and Location Address

LEBAR TRANSMISSIONS
LEBAR TRANSMISSIONS INC
1705 W KENNEDY BLVD
TAMPA FL 33606-1643

Registration Effective Date

JULY 14, 1988

Certificate Number

39-22-126585-26-1

SAMPLE

This is to certify that all tangible personal property purchased or rented, real property rented, or services purchased after the above Registration Effective Date by the above business are being purchased or rented for one of the following purposes:

- Resale as tangible personal property.
- Re-rental as tangible personal property.
- Resale of services.
- Rental as real property.
- Incorporation into and sale as part of the repair of tangible personal property by a repair dealer.
- Incorporation as a material, ingredient, or component part of tangible personal property that is being produced for sale by manufacturing, compounding, or processing.

This certificate cannot be reassigned or transferred. This certificate can only be used by the active dealer or its authorized employees. Misuse of this Annual Resale Certificate will subject the user to penalties as provided by law.

Presented to: Lebar Trans Inc
(insert name of seller on photocopy) (date)

Presented by: X

Authorized Signature (Purchaser)

(date)