

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

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90160 004 ****61.25

DOCUMENT # N40001

1. Entity Name

DOUBLE VISION MINISTRIES, INC.



Principal Place of Business

Mailing Address

**8 LAUREL AVE
STE 4
EAST ISLIP NY 11730
US**

**BOX 9
EAST ISLIP NY 11730
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **85-0582837**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RUBECK, DUSTIN
CNI, INC
28059 US 19 NORTH
CLEARWATER FL 33761**

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 _____

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

☐ Delete

☐ Change

☐ Addition

TITLE **D**
NAME **SLONIGER, ROBERT**
STREET ADDRESS **191 E STEGER RD**
CITY-ST-ZIP **CHICAGO HEIGHTS IL**

TITLE **D**
NAME **METZGER, JEFFREY**
STREET ADDRESS **2061 MCGREGOR BLVD**
CITY-ST-ZIP **FT MYERS FL**

TITLE **CD**
NAME **WASEM, JOHN**
STREET ADDRESS **P.O. BOX 456 N/A**
CITY-ST-ZIP **ST. JOHN IN**

TITLE **D**
NAME **WILLIAMS, PAUL**
STREET ADDRESS **40 MARILYN ST**
CITY-ST-ZIP **EAST ISLIP NY**

TITLE **C**
NAME **CARTER, BRYAN**
STREET ADDRESS **3367 N CR 575 E**
CITY-ST-ZIP **DANVILLE IN 46122**

TITLE **S**
NAME **MATHEWS, R P**
STREET ADDRESS **1158 W ENGLISH SPARROW TR**
CITY-ST-ZIP **HIGHLANDS RANCH CO 80126-6224**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

CR2E037 (10/02)

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/03

631-581-4489