

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90316 015 ****70.00

DOCUMENT # N47982

1. Entity Name

VOICE TO THE NATIONS, INC.

Principal Place of Business

**904 NORTH NAKOMIS AVENUE
 LAKELAND FL 33815
 US**

Mailing Address

**904 NORTH NAKOMIS AVENUE
 LAKELAND FL 33801**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3117604

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**PLAIN, KIMBERLY
 907 WASENA AVE.
 LAKELAND FL 33815**

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 *Kimberly Plain*

Kimberly Plain

1/27/01

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete
 NAME **SCHMITZ, BEATRICE JOAN**
 STREET ADDRESS **904 N. NAKOMIS AVE.**
 CITY-ST-ZIP **LAKELAND FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **V** ☐ Delete
 NAME **SCHMITZ, RICHARD JOSEPH**
 STREET ADDRESS **904 N. NAKOMIS AVE.**
 CITY-ST-ZIP **LAKELAND FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **S** ☐ Delete
 NAME **MANSFIELD, KAREN**
 STREET ADDRESS **701 N MOBLEY ST, APT # 7**
 CITY-ST-ZIP **PLANT CITY FL 33566**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **T** ☐ Delete
 NAME **PLAIN, KIMBERLY**
 STREET ADDRESS **907 WASENA AVE.**
 CITY-ST-ZIP **LAKELAND FL 33815**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **SHIVERS, JEFFERY S**
 STREET ADDRESS **201 S. FLORIDA AVENUE**
 CITY-ST-ZIP **LAKELAND FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **MANSFIELD, STANLEY**
 STREET ADDRESS **701 N MOBLEY ST, APT # 7**
 CITY-ST-ZIP **PLANT CITY FL 33566**

TITLE ☐ Change ☐ 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: *Beatrice Joan Schmitz* **Beatrice Joan Schmitz 1/27/01**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)

D

STEVE STRATTON
4119 CHOWEN DR.
LAKELAND, FL 33810-1935

#NH7982

D

ALVIN NORTINGTON
912 N. NOKOMIS AVE.
LAKELAND, FL 33815