

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2000 8:00 am
Secretary of State

05-12-2000 90032 028 ****61.25

DOCUMENT # N93000002963

1. Entity Name

BOB SMITH MINISTRIES, INC.

Principal Place of Business

Mailing Address

904 PALM AVE
 BOCA RATON FL 33432
 US

904 PALM AVE
 BOCA RATON FL 33431-6931
 US

2. Principal Place of Business

4 Lake Eden Dr
 Suite, Apt. #, etc.

3. Mailing Address

4 Lake Eden Dr.
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Bogarten Beach FL

City & State

Bogarten Beach FL

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip 33435

Country

Zip 33435

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SMITH, BOB
 904 PALM AVE
 BOCA RATON FL 33432

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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:
FEES 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 PD ☐ Delete
 NAME SMITH, BOB
 STREET ADDRESS 904 PALM AVE
 CITY-ST-ZIP BOCA RATON FL 33432

TITLE VD ☐ Delete
 NAME DAINICK, KELLY
 STREET ADDRESS 9305 E. 64 ST. S. #C
 CITY-ST-ZIP TULSA OK 74133

TITLE TD ☐ Delete
 NAME DUININICK, PATTIE
 STREET ADDRESS 12936 SOUTH 145 E AVE
 CITY-ST-ZIP BROKEN ARROW OK 74011

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Change ☐ Addition
 NAME Smith BOB
 STREET ADDRESS 4 Lake Eden Dr.
 CITY-ST-ZIP Bogarten Beach FL 33435

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

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-00

Date

Daytime Phone #

CR2E037 (9/93)