

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N94000003989**

1. Entity Name

FOCUS: FORMER CULTIST SUPPORT, INC.**FILED**
Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90127 033 ****61.25

0008387

Principal Place of Business

Mailing Address

**31 AUDOBON WAY BULOW VILLAGE
FLAGLER BEACH FL 32136****P.O. BOX 2180
FLAGLER BEACH FL 32136-2180****C0008268**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

31 AUDUBON WAY

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3262344

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

**GIAMBALVO, CAROL
31 AUDOBON WAY BULOW VILLAGE
FLAGLER BEACH FL 32136**

Name

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

31 AUDUBON WAY BULOW VILLAGE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DV
SELLHOFF, RICK
16916 121ST STREET KPN
GOG HARBOR WA** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SELLHOFF, RICK ☐ Change ☐ Addition
CORRECTIONTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPS
GIAMBALVO, CAROL
31 AUDOBON WAY BULOW VILLAGE
FLAGLER BEACH FL 32136** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
31 AUDUBON WAY BULOW VILLAGE ☒ Change ☐ Addition
CORRECTIONTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DAT
TAYLOR, MARY
17 SANDI DR
POUGHKEEPSIE NY 12603** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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: **CAROL GIAMBALVO**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/4/01 904-439-7541

CR2E037 (10/00)