

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000003989

1. Entity Name

FOCUS: FORMER CULTIST SUPPORT, INC.

DBA re FOCUS

Principal Place of Business

Mailing Address

31 AUDOBON WAY BULOW VILLAGE
FLAGLER BEACH FL 32136

P.O. BOX 2180
FLAGLER BEACH FL 32136-2180

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

59-3262344

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

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

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

Carol Giambalvo

1/2/02

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 ☐ Delete
NAME DV
STREET ADDRESS SEELHOFF, RICK
CITY-ST-ZIP 16916 121ST STREET KPN
GOG HARBOR WA

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP GIG HARBOR WA

TITLE ☐ Delete
NAME DPS
STREET ADDRESS GIAMBALVO, CAROL
CITY-ST-ZIP 31 AUDOBON WAY BULOW VILLAGE
FLAGLER BEACH FL 32136

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

TITLE ☐ Delete
NAME DAT
STREET ADDRESS TAYLOR, MARY
CITY-ST-ZIP 17 SANDI DR
POUGHKEEPSIE NY 12603

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

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TITLE ☐ Delete
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CITY-ST-ZIP

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:

Carol Giambalvo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/2/02

Date

386-439-7537

Daytime Phone #

CR2E037 (9/01)



DO NOT WRITE IN THIS SPACE