2001 UNIFORM BUSI	NESS REPOR	RT (UBR)	_ Sen	FILED 10 2001 8	: :00 am	
DOCUMENT # N9600005023				Sep 10, 2001 8:00 am Secretary of State		
1. Entity Name	-0 INO			10-2001 90056 017 ***		
SEEKERS INTERNATIONAL MINISTRII	=5, INC.	\mathcal{M}	P)		,	
Principal Place of Business	Mailing Address	——— <u>(</u>			> .	
16606 PALM ROYAL DR APT 1129	16606 PALM ROYAL DR APT 1129	:		, V		
TAMPA FL 33647 US	TAMPA FL 33647 US) 1000/200 BIS (ana kum antu antu katel antu bâlêt l		1.
2. Principal Place of Business	3 Mailing Address	· · · · · · · · · · · · · · · · · · ·				,
Suite, Apt. #, etc.	Suite, Apt. #, etc.	View C				:
				DO NOT WRITE IN THIS SPA		:
TAMPA 71	TA MPA	17	4. FEI Number 5	9-3402482	Applied For Not Applicable	
33647 Country	77647	Country	5. Certificate of St		.75 Additional Required	
6. Name and Address of Current R	legistered Agent		7. Name and Add	ress of New Registered Age		
Name Street Ac			ace (P.O. Box Number is N	s (P.O. Box Number is Not Acceptable)		
GEIGER, WESLEY P 16606 PALM ROYAL DR		Olifeet Additi	SSS (F.O. DOX NUMBER IS I			
APT 1129 TAMPA FL 33647		City			Zip Code	e. E.
8. The above named entity submits this statement for	the purpose of changing its red		istered agent, or both, in	the state of Florida.		,
SIGNATURE PD WESLEY Signature, typed or printed name of registered agent an	P. GEIGER	egistered Agent signature re	quired when reinstating)	9/03/	0/	
FILE NOW: FEE IS \$61.25 After September 12, 2001, min. will be \$23	9. Election Campa Trust Fund Con		\$5.00 May Be Added to Fees	Make Check Pa Department o		
10. OFFICERS AND DIRE	ECTORS Delete	11.	ADDITIONS/CHANG	ES TO OFFICERS AND DIREC		£ [
NAME GEIGER, WESLEY P STREET ADDRESS 16606 PALM ROYAL DR APT 1129		NAME &	DIDPR (1)	esleu V.		37 (5/01
CITY-ST-ZIP TAMPA FL 33647		CITY-ST-ZIP	F AGMAT	1 33647	1 1	12E037
TITLE D NAME GEIGER, TRAVIS W	☐ Delete	TITLE I		AVIS W	Change Addition C	CR2
STREET ADDRESS 8412 DELREY APT 446			37 83 . W	AYSIDE DRIV	€ 43147	
TITLE D	☐ Delete	TITLE	PICKERING-	-0N, -0HIO	Change Addition	
NAME HARRISON, LEE STREET ADDRESS 83 CHEROKEE TRAIL	ي.پ.√ ⊳خ ست پښتي و ميپي	NAME STREET ADDRESS	المحمدات بالمحمد المحمد الم المحمد المحمد المحم	and the second	دُ اور يورنڌ بحسب ۾ محمد اُ	(.)
CITY-ST-ZIP KILMARNOCK VA 22482		CITY-ST-ZIP	·			
TITLE ST NAME GEIGER, DONNA	☐ Delete	TITLE NAME		. ,	Change	A STATE OF THE STA
STREET ADDRESS 16606 PALM ROYAL DR APT 112	9 (STREET ADDRESS CITY-ST-ZIP		ė		
CITY-ST-ZIP TAMPA FL 33647 TITLE	☐ Delete	TITLE			Change	
NAME Street address		NAME STREET ADDRESS			· · · · · · · · · · · · · · · · · · ·	

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:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ Delete

Change

☐ Addition