## 2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 4 MARCE & 45

## Mar 14, 2002 8:00 am DOCUMENT # N9700000241 **Secretary of State** HOLY BIBLE CHURCH, INC. 03-14-2002 90042 014 \*\*\*\*70 00 Principal Place of Business Mailing Address PO BOX 1376 6319 RD 301 SO RIVERVIEW FL 33568 RIVERVIEW FL 33569 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. uite, Apt. #, etc. 4. FEI Number Applied For City & State 59-3416910 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired -- Fee Required HILLS BURDUGH 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) TAYLOR, MARCEDAS 7224 52ND AVE SOUTH **TAMPA FL 33619** Zip Code City 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. **Department of State** Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. ☐ Addition CR2E037 (9/01) PD Change ☐ Delete TITLE TITLE TAYLOR, ERNEST J NAME NAME 7224 52ND AVENOE SOUTH STREET ADDRESS STREET ADDRESS **TAMPA FL 33619** CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE. TAYLOR, MARCEDAS NAME NAME 7224 52ND AVENOE SOUTH STREET ADDRESS STREET ADDRESS TAMPA\*FL\*33619\* CITY-ST-ZIP-CITY-ST-ZIP Change ☐ Addition TD ☐ Delete TITLE TITLE FLINSPAEH, JOSEPH NAME NAME 7224 52ND AVENOE SOUTH STREET ADDRESS STREET ADDRESS CITY-ST-7IP **TAMPA FL 33619** CITY-ST-ZIP Change ☐ Addition TITI F □ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 eath; 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

Daytime Phone #