

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000002975

1. Entity Name

WARFARE PLUS MINISTRIES, INCORPORATED

**FILED**  
**Apr 26, 2000 8:00 am**  
**Secretary of State**

04-26-2000 90158 041 \*\*\*\*61.25

Principal Place of Business 11444 CYPRESS PARK ST TAMPA FL 33624 US	Mailing Address 4577 GUNN HWY SUITE #206 TAMPA FL 33624-6311 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

4. FEI Number 59-3450424	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  HOLLIS, CLAIRE 11444 CYPRESS PARK STREET TAMPA FL 33624
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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
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FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOLLIS, CLAIRE 11444 CYPRESS PARK STREET TAMPA FL 33624 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GOULET, VIRGINIA 2123 ZIPPERER ROAD BRADENTON FL 34202 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GRAPENTHIN, BOBBY 5337 ROSEWOOD CT SHEFFIELD VILLAGE OH 44054 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD HOLLIS, PAUL 11444 CYPRESS PARK STREET TAMPA FL 33624 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LIPE, TIMOTHY 10439 ROSEMOUNT TAMPA FL 33624 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD YACOBOZZI, CYNTHIA 4408 CASEY LAKE BLVD TAMPA FL 33624 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MATTHEW CAMPBELL 1020 E HAMILTON AVE TAMPA, FL 33604 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JOSHUA CAMPBELL 10311 PENNY TREE PL. TAMPA, FL 33624 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Paul Hollis</i>	DATE: 4/3/00	DAYTIME PHONE #: (813) 963-0242
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		

CR2E037 (9/99)