

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000003766

1. Entity Name

SWORD OF THE SPIRIT INTERNATIONAL, INC.

Principal Place of Business

2350 HONEYBROOK CREEK DR.  
MELBOURNE FL 32935

Mailing Address

2350 HONEYBROOK CREEK DR.  
MELBOURNE FL 32935

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

59-3456427

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

BASA, NATHANALL L  
2515 MCKENZIE CIRCLE  
MELBOURNE FL 32940

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

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  
After September 12, 2001, min. will be \$236.25

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 D ☐ Delete  
NAME KEMPF, JOHN  
STREET ADDRESS 2350 HONEYBROOK CREEK DR.  
CITY-ST-ZIP MELBOURNE FL 32935

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

TITLE D ☐ Delete  
NAME KEMPF, EVANGELINE B  
STREET ADDRESS 2350 HONEYBROOK CREEK DR.  
CITY-ST-ZIP MELBOURNE FL 32935

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

TITLE D ☐ Delete  
NAME BASA, REYNALDO L  
STREET ADDRESS 2515 MCKENZIE CIRCLE  
CITY-ST-ZIP MELBOURNE FL 32940

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
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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:

SIGNATURE REQUIRED

30/8/01

FILED  
Sep 06, 2001 8:00 am  
Secretary of State

09-06-2001 90272 027 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (5/01)