## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # N98000004499

1. Entity Name



## **FILED** Sep 15, 2000 8:00 am Secretary of State

05-10-2000 90086 043 \*\*\*\*61.25

THE HOUSE	UF	FALIM	UF	LOHU	JESUS	CHRIST	UF	ILE	U

Principal Place of Business

Mailing Address

5616 BEVIS RD. BASCOM FL 32423

5787 KLODIKE RD. BASCOM FL 32423

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2. Principal F	Place of Business  R Banis RO	3. Mailing Address	anoike en				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		(	DO NOT WRITE IN THIS SI	PACE	
City & Stat	om FL	City & State  GAS Com	3 L	4. EEI Number 3	6-51161		plied For Applicable
324	Country	32423	Jackson	5. Certificate of Sta		<b>8.75</b> Addi	
3 30 44	6. Name and Address of Current		20 515784	7. Name and Addr	ess of New Registered A		
LARRY, J	ohnny Jr. Dike Rd.	Anna Land	Name Jo-	(P.O. Box Number is No.	R-Y		
BASCOM	FL 32423		City			Zip Code	
			13 43	com	FL	Zin Code	33
8. The above	named entity submits this statement fo	r the purpose of changing its re	egistered office or registe	ered agent, or both, in the	ne state of Florida.	•	
SIGNATURE	Silpatire, typed or printed name at registered agent a	and title if applicable. (NOTE:	LARRY Registered Agent signature require	ad when reinstaling)	9 Sept DO	00	
	FILE NOW: FEE IS \$61.25 tember 13, 2000 min. will be \$2	9. Election Camp. Trust Fund Cor		5.00 May Be dded to Fees	Make Check P Department		
10.	OFFICERS AND DIF	RECTORS	11.	ADDITIONS/CHANGE	S TO OFFICERS AND DIR	ECTORS IN	
TITLE	D I D I D I D I D I D I D I D I D I D I	· Delete	TITLE	·.		☐ Change	Addition
NAME STREET ADDRESS	LARRY, JOHNNY JR. 5787 KLODIKE RD.		NAME Street Address				Į.
CITY-ST-ZIP	BASCOM FL 32423		CITY-ST-ZIP				
TITLE	D	☐ Delete	TITLE			Change	☐ Addition
NAME STREET ADDRESS	DIXON, ERIC B		NAME STREET ADDRESS		ŕ		
STREET ADDRESS CITY-ST-ZIP	5787 KLODIKE RD. BASCOM FL 32423		CITY-ST-ZIP				
-TITLE	D	Defete	TITLE			Change -	Addition-
NAME	LARRY, DAYVON R	,*	NAME			•	
STREET ADORESS CITY-ST-ZIP	5787 KLODIKE RD. BASCOM FL 32423		STREET ADDRESS CITY-ST-ZIP				
TITLE	D	☐ Delete	TITLE		<del></del> _	☐ Change	Addition
NAME	Brelove, Levi		NAME				
STREET ADDRESS	5397 BISCAYNE RD.		STREET ADDRESS	•	•		}
CITY-ST-ZIP	MALONE FL 32443	☐ Delete	CITY-ST-ZIP			Change	☐ Addition
TITLE Name	LARRY, TAMEKA R	□ Deletiè	NAME			Crownigo	
STREET ADDRESS	5787 KLODIKE RD.	•	STREET ADDRESS				
CITY-ST-ZIP	BASCOM FL 32423		CITY-ST-ZIP	-			
TITLE		☐ Delete	TITLE			Change	Addition
NAME STREET ADDRESS	1		NAME				{
	i .		STREET ADDRESS				
CITY-ST-ZIP		*	STREET ADDRESS CITY-ST-ZIP				

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:

20868

Dear Sirormaden, I have already File and pay the amount of \$61,25 but it was sended back to me and I file it again with a FEI # on the Form that I fill out but it was still sended back to me I call yesterday and you said that you didn't reciever it so Iam Sending it of again with my 59-3651161 I trope Everything will be okay Thank you for all your time may God Bless you. p. 5 The cheek didn't come back with the form.