

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N98000006239**

1. Entity Name

HEAVENS INSTRUCTED SERVANTS, INC.

Principal Place of Business

**1432 LAKEVIEW ROAD
CLEARWATER FL 33756**

Mailing Address

**1432 LAKEVIEW ROAD
CLEARWATER FL 33756**

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

59-3555939

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SHOWERS, GREGORY K
133 N. FORT HARRISON AVENUE
CLEARWATER FL 33755**

7. Name and Address of New Registered Agent

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**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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	D HAHN, GLENN	1432 LAKEVIEW ROAD	CLEARWATER FL 33756	

TITLE	D	TROUTMAN, ALAN	6715 HONE STREET	NEW PORT RICHEY FL 34653	<input type="checkbox"/> Delete
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TITLE	SD	ROWLAND, ANGELIA	7332 CYPRESS DR	NEW PORT RICHEY FL 34653	<input type="checkbox"/> Delete
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TITLE					<input type="checkbox"/> Delete
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TITLE					<input type="checkbox"/> Delete
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TITLE					<input type="checkbox"/> Delete
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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TITLE				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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TITLE				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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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 empowerment.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90063 048 ****61.25

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DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)