

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 12, 2002 8:00 am
Secretary of State

08-12-2002 90013 033 ****61.25

DOCUMENT # N98000006953

1. Entity Name

LOVE INTERNATIONAL MINISTRIES, INC.

Principal Place of Business

1107 PAPAYA DR
 TAMPA FL 33619
 US

Mailing Address

P. O. BOX 4043
 BRANDON FL 33509
 US

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

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

HOLLINGSBED, SYLVIA
 3212 CLIFFORD SAMPLE DR.
 TAMPA FL 33619

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Sylvia Hollingshed

(NOTE: Registered Agent signature required when reinstating)

DATE

103-02

After September 13, 2002,
 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 TP
 NAME O'NEAL-WILLIAMS, BELINDA
 STREET ADDRESS 1107 PAPAYA DR
 CITY-ST-ZIP TAMPA FL

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE T Hollingshed
 NAME HOLLINGSBED, SYLVIA
 STREET ADDRESS 3212 CLIFFORD SAMPLE DR
 CITY-ST-ZIP TAMPA FL 33619

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE T Sherika
 NAME WILLIAMS, SHENIKA
 STREET ADDRESS 5346 MADISON LK CIR
 CITY-ST-ZIP TAMPA FL 33619

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE TS Shemia
 NAME HOLLINGSBED, SHENIA
 STREET ADDRESS 4019 ARCH ST
 CITY-ST-ZIP TAMPA FL 33607

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE T
 NAME HOLLINGSBED, KIA
 STREET ADDRESS 3212 CLIFFORD SAMPLE DR
 CITY-ST-ZIP TAMPA FL 33619

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE T
 NAME WILLIAMS, FRANCES
 STREET ADDRESS 4019 ARCH ST
 CITY-ST-ZIP TAMPA FL 33607

TITLE
 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:

Belinda E. Williams O'Neal 7-02-02 (813) 622 7647

CR2E037 (4/02)