

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000007275

1. Entity Name

MORE SURE WORD, INC.

**FILED**  
**May 22, 2000 8:00 am**  
**Secretary of State**

05-22-2000 90084 050 \*\*\*\*70.00

Principal Place of Business

Mailing Address

P.O. BOX 999  
OLD TOWN FL 32680

P.O. BOX 999  
OLD TOWN FL 32680

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

**APPLIED FOR**

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

LAKE, CURTIS III  
8401 N.E. 77TH LANE  
GAINESVILLE FL 32609

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete  
NAME **LAKE, CURTIS III**  
STREET ADDRESS **8401 N.E. 77TH LANE**  
CITY-ST-ZIP **GAINESVILLE FL 32609**

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

TITLE **TD** ☐ Delete  
NAME **THOMAS, RUTHERFORD**  
STREET ADDRESS **618 19TH STREET EAST**  
CITY-ST-ZIP **BRADENTON FL 34708**

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

TITLE **TD** ☐ Delete  
NAME **PITTS, EDDIE**  
STREET ADDRESS **7306 BRIARLYN COURT**  
CITY-ST-ZIP **ORLANDO FL 32818**

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

TITLE **D** ☐ Delete  
NAME **JONES, LYNN**  
STREET ADDRESS **765 GEORGE WASHINGTON BLVD.**  
CITY-ST-ZIP **SUMTER SC 29154**

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

TITLE **D** ☐ Delete  
NAME **LAKE, BENEATHA**  
STREET ADDRESS **8401 N.E. 77TH LANE**  
CITY-ST-ZIP **GAINESVILLE FL 32609**

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

TITLE **D** ☐ Delete  
NAME **JOHNSON, KAYLA**  
STREET ADDRESS **1053 DUDLEY DR.**  
CITY-ST-ZIP **KISSIMMEE FL 34758**

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**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-00 (352) 498-3087  
Date Daytime Phone #

CR2E037 (9/99)