## 2002 UNIFORM BUSINESS REPORT (UBR) FILED May 13, 2002 8:00 am Secretary of State DOCUMENT # **N98000007275** 1. Entity Name MORE SURE WORD, INC. 05-13-2002 90046 045 \*\*\*\*61.25 Principal Place of Business Mailing Address P.O. BOX 680614 P.O. BOX 680614 ORLANDO FL 32868 ORLANDO FL 32868 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3665128 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LAKE, CURTIS III Street Address (P.O. Box Number is Not Acceptable) 5214 REDRAC STREET JACKSONVILLE FL 32205 Zip Code FL 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 9. Election Campaign Financing Make Check Payable to FILE NOW: FEE IS \$61.25 \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 PD. TITLE ☐ Delete TITLE ☐ Addition LAKE, CURTIS III NAME NAME STREET ADDRESS **5214 REDRAC STREET** STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32205 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition THOMAS, RUTHERFORD NAME NAME STREET ADDRESS 618 19TH STREET EAST STREET ADDRESS CITY-ST-ZIP **BRADENTON FL 34708** CITY-ST-ZIP TD TITLE ☐ Delete TITI F Change ☐ Addition PITTS, EDDIE NAME NAME STREET ADDRESS 7306 BRIARLYN COURT STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32818 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition JONES, LYNN NAME NAME STREET ADDRESS 765 GEORGE WASHINGTON BLVD. STREET ADDRESS CITY-ST-ZIP SUMTER SC 29154 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition LAKE, BENEATHA STREET ADDRESS **5214 REDRAC STREET** STREET ADDRESS CITY-ST-ZIF JACKSONVILLE FL 32205 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition JOHNSON, KAYLA NAME NAME STREET ADDRESS 1053 DUDLEY DR. STREET ADDRESS CITY-ST-ZIP KISSIMMEE FL 34758 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.

(9/01)