## 2001 UNIFORM BUSINESS REPORT (UBR)

## **FILED** Apr 19, 2001 8:00 am Secretary of State DOCUMENT # N99000002142 NEW ATTITUDE IN CHRIST JESUS, INC. 04-19-2001 90290 020 \*\*\*\*61.25 Principal Place of Business Mailing Address P.O. BOX 8431 P.O. BOX 8431 SOUTHPORT FL 32409 SOUTHPORT FL 32409 CARATTOT. 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 59-3567815 Not Applicable Zip Country 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 Street Address (P.O. Box Number is Not Acceptable) HILTON, ROSS H JR. 4004 STILLWATER DR. CHIPLEY FL 32428 Zip Code submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. 8. The above named entitle SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW: Make Check Payable to \$5.00 May Be Trust Fund Contribution. FEE IS \$61.25 Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. Delete ☐ Addition TITLE ☐ Change NAME HILTON, ROSS H JR. NAME 4004 STILLWATER DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHIPLEY FL 32428 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition PRICE, DONALD E NAME NAME STREET ADDRESS 4792 HWY 90 EAST STREET ADDRESS CITY-ST-ZIP MARIANNA FL-32446 ---CITY-ST-ZIP Defete TITLE TITLE Change ☐ Addition SHOOTS, DONALD W NAME NAME 5402 WHITNEY RD. STREET ADDRESS STREET ADDRESS CITY-ST-7IP PANAMA CITY FL 32406 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition PETTIS, DALLAS M NAME NAME STREET ADDRESS 2822 RIVER RD. STREET ADDRESS CITY-ST-ZIP VERNON FL 32462 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition WALKER, WILLIAM H JR NAME NAME STREET ADDRESS 245 HUGH THOMAS DRIVE STREET ADDRESS CITY-ST-ZIP PANAMA CITY FL 32404 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C!TY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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:

055 H. HILTON JR. 4/16/01