

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 29, 2002 8:00 am**  
**Secretary of State**

04-21-2002 90863 006 \*\*\*\*61.25

**DOCUMENT # N99000002506**

1. Entity Name

**JESUS PEOPLE OF TAMPA BAY, INC.**

Principal Place of Business

Mailing Address

7326 SUNSHINE CIR.  
TAMPA FL 33634

7326 SUNSHINE CIR.  
TAMPA FL 33634

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

**59-3575501**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

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)

City

**FL**

Zip Code

**PETRI, DEBORAH**  
**7326 SUNSHINE CIR.**  
**TAMPA FL 33634**

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 **D**  Delete  
 NAME **PETRI, KARSTEN**  
 STREET ADDRESS **7326 SUNSHINE DR.**  
 CITY-ST-ZIP **TAMPA FL 33634**

TITLE **D**  Change  Addition  
 NAME **PETRI, KARSTEN**  
 STREET ADDRESS **607 SOWER STONE DRIVE**  
 CITY-ST-ZIP **VALRICO, FL. 33594**

TITLE **D**  Delete  
 NAME **SEISS, NORVEL**  
 STREET ADDRESS **4812 PAXTON AVE**  
 CITY-ST-ZIP **TAMPA FL 33611**

TITLE **T**  Change  Addition  
 NAME **PETRI, HARRIET**  
 STREET ADDRESS **6336 NEWTOWN CIR. #B 2**  
 CITY-ST-ZIP **TAMPA, FL. 33615**

TITLE **D**  Delete  
 NAME **KLAUS, PETRI**  
 STREET ADDRESS **6336 NEWTOWN CIR. #32**  
 CITY-ST-ZIP **TAMPA FL 33615**

TITLE **D**  Change  Addition  
 NAME **PETRI, HARRIET**  
 STREET ADDRESS **6336 NEWTOWN CIR. #B 2**  
 CITY-ST-ZIP **TAMPA, FL. 33615**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 817, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**4/8/02 (915) 350-8971**

Date

Daytime Phone #

CF2E037 (9/01)