

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000005520

1. Entity Name

UNIVERSAL SPIRITUAL FOUNDATION, INC.

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90054 039 ****61.25

Principal Place of Business

Mailing Address

606 SOUTH C ST
#106
LAKE WORTH FL 33460

606 SOUTH C ST
#106
LAKE WORTH FL 33460

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

65-0954309

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

PUIJOLA, MERJA
606 SOUTH C ST #106
LAKE WORTH FL 33460

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 PUIJOLA, MERJA
STREET ADDRESS 606 SOUTH C ST
CITY-ST-ZIP LAKE WORTH FL 33460 D

TITLE ☐ Change ☒ Addition
NAME DARLENE NOWOLNEN
STREET ADDRESS 400 APOLLO PT.
CITY-ST-ZIP JUND BEACH, FL 33408 T
(VICEPRESIDENT)

TITLE SD ☐ Delete
NAME PUIJOLA, PAAVO
STREET ADDRESS 606 SOUTH C ST
CITY-ST-ZIP LAKE WORTH FL 33460 D

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

TITLE VT ☒ Delete
NAME SHULTZ, HELI VALTONEN
STREET ADDRESS 521 LAKE AVE., STE 5
CITY-ST-ZIP LAKE WORTH FL 33460

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

TITLE BMT ☐ Delete
NAME SMOLEN, HELEN
STREET ADDRESS 8017 STIRRUP CAY CT
CITY-ST-ZIP BOYNTON BEACH FL 33436 T

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

TITLE T ☐ Delete
NAME CROSSAN, NELL
STREET ADDRESS 704 TUSCALOOSA ST
CITY-ST-ZIP WEST PALM BEACH FL 33405 T

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 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

April 24, 02

561-5862486

Date

Daytime Phone #

CR2E037 (9/01)