

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000006160

1. Entity Name

THE PINK ROSE OF GRACE MINISTRIES INC.

**FILED**  
**Jul 05, 2000 8:00 am**  
**Secretary of State**

07-05-2000 90878 042 \*\*\*\*67.00

Principal Place of Business

Mailing Address

2817 KIOWA AVENUE  
 ORANGE PARK FL 32065

2817 KIOWA AVENUE  
 ORANGE PARK FL 32065-8400

2. Principal Place of Business

SAME

3. Mailing Address

SAME

Suite, Apt. #, etc.

N/A

Suite, Apt. #, etc.

N/A

City & State

SAME

City & State

SAME

Zip

SAME

Country

SAME

Zip

SAME

Country

SAME

4. FEI Number

59-3613964

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

HOOPER, HEATHER  
 2817 KIOWA AVENUE  
 ORANGE PARK FL 32065

7. Name and Address of New Registered Agent

Name

N/A

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 HEATHER HOOPER

Signature, typed or printed name of registered agent and title if applicable.

Heather Hooper

(NOTE: Registered Agent signature required when reinstating)

April 24th 2000

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOOPER, HEATHER 2817 KIOWA AVENUE ORANGE PARK FL 32065	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIBSON, JUNE 82 BOSWELL RD. COWLEY, OXFORD, ENGLAND	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIBSON, MARK 82 BOSWELL RD. COWLEY, OXFORD, ENGLAND	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIBSON, SHIBION 82 BOSWELL RD. COWLEY, OXFORD, ENGLAND	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 24th 2000 904-213-0204

Date

Daytime Phone #

CR2E037 (9/99)