2002 UNIFORM BUSINESS REPORT (UBR)

Sep 17, 2002 8:00 am Secretary of State P00000111721 DOCUMENT # 1. Entity Name 09-17-2002 90098 017 ***558.75 MESOS BIBLE BOOKS & MORE INC. Principal Place of Business Mailing Address 23-25 S. VERONA AVENUE 23-25 S. VERONA AVENUE AVON PARK FL 33825 AVON PARK FL 33825 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 65-1088726 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SMITH, MARILYN Street Address (P.O. Box Number is Not Acceptable) 1311 SILVERADO NORTH LAUDERDALE FL 33068 City 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. I am familiar with, and accept SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. \Box Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE CRŻE034 (4/02) ☐ Defete TITLE ☐ Addition ☐ Change NAME SMITH, MARILYN NAME STREET ADDRESS 1311 SILVERADO STREET ADDRESS CITY-ST-ZIP NORTH LAUDERDALE FL 33068 CITY-ST-ZIP TITLE D Delete TITI F Change Addition NAME SMITH, VAUGHN NAME STREET ADDRESS 1311 SILVERADO STREET ADDRESS CITY-ST-ZIP **NORTH LAUDERDALE FL 33068** CITY-ST-ZIP TITLE D Deletê TITLE TT:Change Addition NAME PRATT, CAROL NAME STREET ADDRESS 2131 N. TERRAPIN ROAD STREET ADDRESS CITY-ST-ZIP **AVON PARK FL 33825** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition ☐ Change JANET RUSSELL NAME NAME 1303 Melody Lane STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME STREET ADDRESS STREET ADDRESS

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-10-02 954 970-0553

FILED