

2002 UNIFORM BUSINESS REPORT (UBR)

3/

FILED
May 01, 2002 8:00 am
Secretary of State

03-29-2002 91406 028 ***150.00

DOCUMENT # P01000000930

1. Entity Name
CITY OF REVELATION, INC.

Principal Place of Business
6542 SWISSCO DR., #824
ORLANDO FL 32822

Mailing Address
6542 SWISSCO DR., #824
ORLANDO FL 32822

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

59-3699010

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RODGERS, RICHARD A
301 E. PINE ST., #1400
ORLANDO FL 32801

Name
ROBERT H. JOYCE JR.
Street Address (P.O. Box Number is Not Acceptable)
6542 SWISSCO DR., #824

City ORLANDO, FL Zip Code 32822

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

Robert H. Joyce Jr.
ROBERT H. JOYCE JR.

PRESIDENT

3-18-02

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00

After May 1, 2002 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	☐ Delete
NAME	JOYCE, ROBERT H JR	
STREET ADDRESS	6542 SWISSCO DR., #824	
CITY-ST-ZIP	ORLANDO FL 32822	
TITLE	D	☐ Delete
NAME	JOYCE, RITA H	
STREET ADDRESS	6542 SWISSCO DR., #824	
CITY-ST-ZIP	ORLANDO FL 32822	
TITLE	D	☐ Delete
NAME	MURRAY, CHARLES L	
STREET ADDRESS	6542 SWISSCO DR., #825	
CITY-ST-ZIP	ORLANDO FL 32822	
TITLE	D	☐ Delete
NAME	MURRAY, HERMINA S	
STREET ADDRESS	6542 SWISSCO DR., #825	
CITY-ST-ZIP	ORLANDO FL 32822	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

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 807, 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT H. JOYCE JR., PRESIDENT

3-18-02

407-816-1631

Date

Daytime Phone #

CR2E034 (9/01)