

2002 UNIFORM BUSINESS REPORT (UBR)

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

05-29-2002 90721 040 ***150.00

DOCUMENT # P01000013782

1. Entity Name
STARTCHURCH.COM, INC.

Principal Place of Business
**870 N. GRATTON RD.
 CLEWISTON FL 33440**

Mailing Address
**RT. 1 BOX 31-A
 CLEWISTON FL 33440**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4705 Freeman Lake Ct

3. Mailing Address
4705 Freeman Lake Ct

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Norcross GA

City & State
Norcross GA

Zip **30093** Country **USA**

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4. FEI Number **65-1072152**

Applied For
 Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**RIVERA, RAUL
 870 N. GRATTON RD.
 CLEWISTON FL 33440**

7. Name and Address of New Registered Agent

Name **Rosa Rivera**
 Street Address (P.O. Box Number is Not Acceptable)
428 W. Ventura Ave
 City **Clewiston FL** Zip Code **33440**

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 **Rosa Rivera** DATE **5/13/02**

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

(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 **PT**
 NAME **RIVERA, RAUL**
 STREET ADDRESS **870 N. GRATTON RD.**
 CITY-ST-ZIP **CLEWISTON FL 33440**

TITLE **PT**
 NAME **Rivera, Raul**
 STREET ADDRESS **4705 Freeman Lake Ct**
 CITY-ST-ZIP **Norcross, GA 30093**

TITLE **EVS**
 NAME **RIVERA, GENEL**
 STREET ADDRESS **870 N. GRATTON RD.**
 CITY-ST-ZIP **CLEWISTON FL 33440**

TITLE **EVS**
 NAME **Rivera, Genel**
 STREET ADDRESS **4705 Freeman Lake Ct**
 CITY-ST-ZIP **30093**

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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.

SIGNATURE: **Raul Rivera**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **5/13/02** DAYTIME PHONE # **770-638-3444**

CR2E034 (9/01)