

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 09, 2003 8:00 am
Secretary of State

05-09-2003 90157 020 ***158.75

DOCUMENT # P01000013782

1. Entity Name

STARTCHURCH.COM, INC.



Principal Place of Business
4705 FREEMAN LAKE CT.
NORCROSS GA 30093

Mailing Address
4705 FREEMAN LAKE CT.
NORCROSS GA 30093

2. Principal Place of Business

428 W. Ventura Ave.

Suite, Apt. #, etc.

3. Mailing Address

428 W. Ventura Ave

Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

Clewiston FL

City & State

Clewiston FL

4. FEI Number

65-1072152

Applied For

Not Applicable

Zip

33440

Country

USA

Zip

33440

Country

USA

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RIVERA, ROSA
428 W VENTURA AVE.
CLEWISTON FL 33440

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PT
RIVERA, RAUL
4705 FREEMAN LAKE CT.
NORCROSS GA 30093 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
EVS
RIVERA, GENEL
4705 FREEMAN LAKE CT.
NORCROSS GA 30093 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Delete

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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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☐ Change ☐ 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 607, 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:

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

5/1/03

Date

770-638-3444

Daytime Phone #

CR2E034 (10/02)