

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 07, 2002 8:00 am
Secretary of State

08-07-2002 90199 044 ***150.00

DOCUMENT # P01000045348

1. Entity Name
BEHOLD HIS GLORY, INC

Principal Place of Business
6288 NW 42 CT
CORAL SPRINGS FL 33067

Mailing Address
6288 NW 42 CT
CORAL SPRINGS FL 33067

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

65-1150908

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

CLAYBORNE, BERNADETTE P
6288 NW 42 CT
CORAL SPRINGS FL 33067

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)

8/5/02

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 **President** ☐ Delete
 NAME **Bernadette P. Clayborne**
 STREET ADDRESS **6288 NW 42nd Court**
 CITY-ST-ZIP **Coral Springs, FL 33067**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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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:

Bernadette P. Clayborne

8/5/02

Date

Daytime Phone #

CR2E034 (4/02)

August 6, 2002

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL. 32302-1500

Re: Uniform Business Report #PO1000045348
Behold His Glory, Inc.

To Whom It May Concern,

We are requesting that the late fee be waived because this is the first report notice received by us.

Praying that this request shall be honored I am attaching the \$150.00 filing fee herein for our 2002 Uniform Business Report fee.

Sincerely,



Bernadette P. Clayborne
President

Attachment

973484
PO1000045348