

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 14, 2002 8:00 am**  
**Secretary of State**

05-14-2002 90034 011 \*\*\*150.00

**DOCUMENT # P01000046317**

**1. Entity Name**  
**WONDER OF TRUTH, INC.**

**Principal Place of Business**  
**1764 TREE BLVD UNIT 1**  
**ST AUGUSTINE FL 32084**

**Mailing Address**  
**1764 TREE BLVD UNIT 1**  
**ST AUGUSTINE FL 32084**

**2. Principal Place of Business**

**3. Mailing Address**

**225 BLUEBIRD LN**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**ST. AUGUSTINE, FL**

**4. FEI Number**

**59-3712691**

Applied For

Not Applicable

Zip

Country

Zip

Country

**32080**

**ST. JOHNS**

**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**

**KEASLER, FRANK R JR**  
**HENDERSON KEASLER LAW FIRM, P.A.**  
**4309 PABLO OAKS COURT STE 5**  
**JACKSONVILLE FL 32224**

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.**

**SIGNATURE**

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** **D** ☐ Delete  
**NAME** **WARD, GAIL S**  
**STREET ADDRESS** **225 BLUEBIRD LANE**  
**CITY-ST-ZIP** **ST AUGUSTINE FL 32084 32080**

**TITLE** ☒ Change ☐ Addition  
**NAME** **GAIL S. WARD**  
**STREET ADDRESS** **225 BLUEBIRD LN**  
**CITY-ST-ZIP** **ST. AUGUSTINE, FL. 32080**

**TITLE** **D** ☐ Delete  
**NAME** **JOHNS, DAVID L**  
**STREET ADDRESS** **4190 BELFORT ROAD STE 300**  
**CITY-ST-ZIP** **JACKSONVILLE FL 32216**

**TITLE** ☒ Change ☐ Addition  
**NAME** **Johns, David L**  
**STREET ADDRESS** **1764-1 Tree BLVD**  
**CITY-ST-ZIP** **ST. AUGUSTINE, FL. 32084**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

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**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 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:**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**GAIL S. WARD**

**4-04-02**

**904-471-5011**

Date

Daytime Phone #

CR2E034 (9/01)