

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2003 8:00 am
Secretary of State

04-02-2003 90095 043 ***150.00

DOCUMENT # P01000102416

1. Entity Name
UNITED PRAISE MANAGEMENT, INC.



Principal Place of Business
3830 WHITEDOVE DRIVE
LAKELAND FL 33813

Mailing Address
3830 WHITEDOVE DRIVE
LAKELAND FL 33813



2. Principal Place of Business

3. Mailing Address

2345 Canal Drive N.

2345 Canal Drive N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Lakeland, FL

Lakeland, FL

City & State

City & State

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3753016**

Applied For
Not Applicable

Zip

Country

Zip

Country

33801

PO/K

33807

PO/K

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

CHATMAN, CRYSTANDRA E
3830 WHITEDOVE DRIVE
LAKELAND FL 33813

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]

3/30/03

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **CHATMAN, JIMMIE LEE SR.**
STREET ADDRESS **3830 WHITEDOVE DRIVE**
CITY-ST-ZIP **LAKELAND FL 33813**

☒ Change ☐ Addition
TITLE **✓**
NAME **2345 Canal Drive N.**
STREET ADDRESS **Lakeland, FL 33801**
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **CHATMAN, CRYSTANDRA E**
STREET ADDRESS **3830 WHITEDOVE DRIVE**
CITY-ST-ZIP **LAKELAND FL 33813**

☒ Change ☐ Addition
TITLE **P/D**
NAME **2345 Canal Drive N.**
STREET ADDRESS **Lakeland, FL 33801**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/03
Date

863-665-4736
Daytime Phone #

CR2E034 (10/02)