

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

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91412 029 ***150.00

DOCUMENT # P02000023168

1. Entity Name

Perfecting Saints Ministry Services, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
6213 Bent Pine Drive

3. Mailing Address
6213 Bent Pine Drive

Suite, Apt. #, etc.
120B

Suite, Apt. #, etc.
120B

City & State
Orlando, Florida

City & State
Orlando, Florida

4. FEI Number 75-3014537

Applied For
Not Applicable

Zip
32822

Country
US

Zip
32822

Country
US

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Deidre M. Owens

Street Address (P.O. Box Number is Not Acceptable)

6213 Bent Pine Drive; Apt. #120B

City Orlando

FL

Zip Code
32822

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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

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
P /	Deidre M. Owens	6213 Bent Pine Drive; Apt. #120B	Orlando, FL 32822
V /	Richard E. Owens	6213 Bent Pine Drive; Apt. #120B	Orlando, FL 32822
V /	Landers B. Hardy	12612 Victoria Place Circle	Orlando, FL 32822

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Deidre M. Owens

Deidre M. Owens

4-30-2003

407-852-6261

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

TELEPHONE NUMBER

CR2E034B (12/02)