

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2003 8:00 am
Secretary of State

04-29-2003 90040 011 ***150.00

DOCUMENT # P02000073818

1. Entity Name
VERTICAL DESTINATION MINISTRIES, INC.



Principal Place of Business
**1600 PULLEN RD., STE. 2D
TALLAHASSEE FL 32303**

Mailing Address
**1600 PULLEN RD., STE. 2D
TALLAHASSEE FL 32303**

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2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

50-0004181

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**AKION, TOI A
1600 PULLEN RD., STE. 2D
TALLAHASSEE FL 32303**

Name

AKIEN, TOI A

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

1600 Pullen Rd., STE. 2D

City

TL

FL

Zip Code

32303

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

TOI A. AKION

1/29/03

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
Trust Fund Contribution.

☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**P
AKION, TOI A
1600 PULLEN RD., STE. 2D
TALLAHASSEE FL 32303**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

AKIEN, TOI A

☒ Change ☐ Addition
Spelling

TITLE
NAME
STREET ADDRESS
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☐ Delete

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CITY-ST-ZIP

☐ 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:

TOI A. AKION

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/03

Date

850 322 1078

Daytime Phone #

CR2E034 (10/02)