## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED May 24, 2000 8:00 am Secretary of State DOCUMENT # P98000008801 1. Entity Name CHRISTIAN INSPIRATIONS, INC. 05-24-2000 90167 012 \*\*\*150.00 Principal Place of Business Mailing Address 3795 MISTY WAY POST OFFICE BOX 1316 **DESTIN FL 32540-1316** DESTIN FL 32540 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3508394 Not Applicable Country Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HAWKINS, JOHN W ESQ Street Address (P.O. Box Number is Not Acceptable) 607 HIGHWAY 98 EAST SUITE 5 DESTIN FL 32541 City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12 11. ☐ Change ☐ Addition ☐ Delete TITLE FINDLEY, MANI JEAN NAME STREET ADDRESS STREET ADDRESS 3795 MISTY WAY CT CITY-ST-ZIP CITY-ST-ZIP DESTIN FL 32541 ☐ Change Addition Delete TITLE TITLE THIBODIAUX, ELIZABETH NAME NAME STREET ADDRESS STREET ADDRESS 922 BARROW RD CITY-ST-ZIP CITY-ST-ZIP FT\_WALTON BCH FL 32548 ☐ Defete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete Change TITLE TITLE NAME STREET ADDRESS

13. Thereby 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.

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP