

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 24, 2001 8:00 am  
Secretary of State

04-24-2001 90348 042 \*\*\*158.75

DOCUMENT # P99000043481

1. Entity Name

EXERCISE YOUR FAITH, INC.

Principal Place of Business

7650 BAYSHORE DR., #603  
TREASURE ISLAND FL 33706

Mailing Address

7650 BAYSHORE DR., #603  
TREASURE ISLAND FL 33706

00040359



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

30638 Iverson Dr

Suite, Apt. #, etc.

3. Mailing Address

30638 Iverson Dr

Suite, Apt. #, etc.

City & State

Wesley Chapel, FL

City & State

Wesley Chapel, FL

4. FEI Number

59-3573858

Applied For

Not Applicable

Zip

Country

33543

U.S.A

Zip

Country

33543

USA

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

KOTLER, PATRICIA

7650 BAYSHORE DR., #603  
TREASURE ISLAND FL 33706

Name

Kotler, Patricia

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

30638 Iverson Dr

City

Wesley Chapel

FL

Zip Code

33543

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, 2001 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	<input type="checkbox"/> Delete
NAME	KOTLER, PATRICIA	
STREET ADDRESS	7650 BAYSHORE DR., #603	
CITY-ST-ZIP	TREASURE ISLAND FL 33706	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

Patricia A Kotler Patricia A. Kotler 4/8/01

Date

(813) 991-6805

Daytime Phone #

CR2E034 (10/00)