2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 06, 2003 8:00 am
Secretary of State
02-17-2003 90273 020 *****8.75
08-06-2003 90055 018 ****61.25

0015433

DOCUMENT # 704908

1. Entity Name
WOMAN'S EXCHANGE, INC., OF SARASOTA

Principal Place of Business	Mailing Address
539 S ORANGE AVE SARASOTA FL 34236-7501	539 S ORANGE AVE SARASOTA FL 34236-7501

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1109482 ☐ Applied For ☐ Not Applicable

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
WILLIAMS,PARKER,HARRISON,DIETZ & GETZEN 1550 JOHN RINGLING BOULEVARD SARASOTA FL 33578	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 Joan M. Wolfe signed on wrong place
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
After September 10, 2003, min will be $236.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD KEISMAN, MICHAEL 3744 SURREY LANE SARASOTA FL 34235	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP ALICE KOPRESKI 4270 KINGSTON CT SARASOTA, FL 34238	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD FISCHMAN, PATTI 5158 KESTRAL PARK TERRACE SARASOTA FL 34231	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BRUCE VAN DUYNE 750 N. TAMIAMI TR. #903 SARASOTA, FL 34236	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MAZZIE, JOY 1462 LANDVIEW LANE OSPREY FL 34229	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Joyce A. Mazzie 176 Dory LN Osprey FL 34229	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD DAVIDSMEYER, HOWARD 5159 RIVERWOOD AVENUE SARASOTA FL 34231	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SHORIN, MARYANNE 1800 FLOWER DR. SARASOTA FL 34239	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (4/03)

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 617, 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 REQUIRED 7/23/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #