

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 31, 2001 8:00 am**  
**Secretary of State**

01-31-2001 90322 046 \*\*\*\*61.25

**DOCUMENT # 756386**

1. Entity Name

**ELECTROLYSIS SOCIETY OF FLORIDA, INC.**

Principal Place of Business

4550 PALMETTO AVE  
 STE 102  
 WINTER PARK FL 32792  
 US

Mailing Address

4550 PALMETTO AVE  
 STE 102  
 WINTER PARK FL 32792  
 US

014400



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2184313**

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

**SCOTT, HILDEGARD**  
**4550 PALMETTO AVE**  
**STE 102**  
**WINTER PARK FL 32792**

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.

SIGNATURE

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**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  Delete  
 NAME **P HUDSON, GINGER**  
 STREET ADDRESS **3616 ST JOHNS AVE**  
 CITY-ST-ZIP **JACKSONVILLE FL 32205**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **DV2V FARELLA, LUCILLE**  
 STREET ADDRESS **209 COUNTRY CLUB RD**  
 CITY-ST-ZIP **LAKE MARY FL 32746**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **SD WILLIAMSON, MICHELE**  
 STREET ADDRESS **800 PAUL ST STE B**  
 CITY-ST-ZIP **ORLANDO FL 32808**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **T SCOTT, HILDEGARD**  
 STREET ADDRESS **4550 PALMETTO AVE STE 102**  
 CITY-ST-ZIP **WINTER PARK FL 32792**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **VD HERMANSPAN, KAREN**  
 STREET ADDRESS **10692 S. U.S. 1, #C**  
 CITY-ST-ZIP **PORT ST. LUCIE FL 34952**

TITLE  Change  Addition  
 NAME **ViceP Stephanie Mc Allister**  
 STREET ADDRESS **312 South Old Dixie Hwy #205**  
 CITY-ST-ZIP **Jupiter, Fl. 33458**

TITLE  Delete  
 NAME **D HODOE, NATIVIDAD**  
 STREET ADDRESS **4321 MUSEROTI ST**  
 CITY-ST-ZIP **SEBRING FL 33872**

TITLE  Change  Addition  
 NAME **D Judy Adams**  
 STREET ADDRESS **651 AIA Beach Blvd.**  
 CITY-ST-ZIP **St Augustine Beach Fl. 32084**

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:

*Hildegard Scott (Hildegard Scott)*

Date

Daytime Phone #

1-25-2001

(407-657-6006)

CR2E037 (10/00)