

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N02000005986

FILED  
May 01, 2003  
Secretary of State

Entity Name: WOMEN'S CELEBRATION, INCORPORATED

**Current Principal Place of Business:**

311 HILLSIDE DRIVE  
LAKELAND, FK 33803

**New Principal Place of Business:**

311 HILLSIDE DRIVE  
LAKELAND, FL 33803

**Current Mailing Address:**

311 HILLSIDE DRIVE  
LAKELAND, FK 33803

**New Mailing Address:**

311 HILLSIDE DRIVE  
LAKELAND, FL 33803

FEI Number: 22-3862490

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DONNA, HARVEY L ESQUIRE  
POST OFFICE BOX 253  
MATLACHA, FL 33993

**Name and Address of New Registered Agent:**

DONNA, HARVEY L ESQUIRE  
311 HILLSIDE DR  
LAKELAND, FL 33803

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:

05/01/2003

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D ( ) Change (X) Addition  
Name: KEARTON, ANNE D  
Address: 311 HILLSIDE DR  
City-St-Zip: LAKELAND, FL 33803

Title: D ( ) Change (X) Addition  
Name: WILLIAMS, LOLA D  
Address: 3552 RAINTREE CR  
City-St-Zip: LAKELAND, FL 33803

Title: D ( ) Change (X) Addition  
Name: CRAWFORD, CHERI D  
Address: 323 PALENCIA PLACE  
City-St-Zip: LAKELAND, FL 33803

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANNE KEARTON

D

05/01/2003

Electronic Signature of Signing Officer or Director

Date