

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 29, 2001 8:00 am**  
**Secretary of State**

03-29-2001 90368 036 \*\*\*158.75

0437099

**DOCUMENT # P00000027097**

1. Entity Name  
**A WOMAN'S EXCURSION, INC.**

Principal Place of Business <b>805 VIRGINIA AVE., STE. 8          FT. PIERCE FL 34982</b>	Mailing Address <b>805 VIRGINIA AVE., STE. 8          FT. PIERCE FL 34982</b>
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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 **65-0997144** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

~~CHRISTINE~~ **CHRISTINE** MCINTIRE, HELEN **CHRISTINE**  
 805 VIRGINIA AVE., STE. 8  
 FT. PIERCE FL 34982

7. Name and Address of New Registered Agent

Name		
Street Address (P.O. Box Number is Not Acceptable)		
City	<b>FL</b>	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 *Helen Christine McIntire* **HELEN CHRISTINE MCINTIRE, PRES. - 3/26/01**  
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 <b>PRESIDENT</b> <input type="checkbox"/> Delete	NAME <b>HELEN CHRISTINE MCINTIRE</b>	STREET ADDRESS <b>805 VIRGINIA AVE #8</b>	CITY-ST-ZIP <b>FT PIERCE, FL 34982</b>
TITLE <b>VICE-PRESIDENT</b> <input checked="" type="checkbox"/> Delete	NAME <b>HELEN CHRISTINE MCINTIRE</b>	STREET ADDRESS <b>805 VIRGINIA AVE #8</b>	CITY-ST-ZIP <b>FT PIERCE, FL 34982</b>
TITLE <b>SECRETARY</b> <input type="checkbox"/> Delete	NAME <b>HELEN CHRISTINE MCINTIRE</b>	STREET ADDRESS <b>805 VIRGINIA AVE #8</b>	CITY-ST-ZIP <b>FT PIERCE, FL 34982</b>
TITLE <b>TREASURER</b> <input type="checkbox"/> Delete	NAME <b>HELEN CHRISTINE MCINTIRE</b>	STREET ADDRESS <b>805 VIRGINIA AVE #8</b>	CITY-ST-ZIP <b>FT PIERCE, FL 34982</b>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: *Helen Christine McIntire* **HELEN CHRISTINE MCINTIRE, PRES. 3/26/01 561-464-**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 7702

CR2E034 (10/00)