

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P25831

1. Entity Name

WOMEN'S FINANCIAL NETWORK, INC.

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90077 019 ***150.00

Principal Place of Business

Mailing Address

1430 GULF BLVD
#402
CLEARWATER FL 33767
US

1430 GULF BLVD
#402
CLEARWATER FL 33767-2856
US

2. Principal Place of Business

3. Mailing Address

611 Druid Ro
Suite, Apt. #, etc.
Ste. 105

611 Druid Ro
Suite, Apt. #, etc.
Ste 105

City & State
CLEARWATER FL

City & State
CLEARWATER, FL

Zip
33756

Country
USA

Zip
33756

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 51-0319140

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

PATTERSON, GLORIA J
1430 GULF BLVD 402
CLEARWATER FL 33767

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

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, 2000 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
NAME
STREET ADDRESS
CITY-ST-ZIP
PSD
PATTERSON, GLORIA J.
1430 GULF BLVD 402
CLEARWATER FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☒ Addition
21P- 33767

TITLE
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PATTERSON, GLORIA J
1430 GULF BLVD., #402
CLEARWATER FL ☐ Delete

TITLE
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CITY-ST-ZIP
☐ Change ☒ Addition
21P- 33767

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CITY-ST-ZIP
☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gloria J. Patterson 4/20/00 441-9022 (727)

Date

Daytime Phone #

CR2E034 (9/99)