

2000 UNIFORM BUSINESS REPORT (UBR)

2/1

FILED
Apr 25, 2000 8:00 am
Secretary of State

02-01-2000 90078 042 ***150.00

DOCUMENT # P98000099045

1. Entity Name

A WOMAN'S P.O.V. INC.

Principal Place of Business

4578 CALIFORNIA STREET
 BROOKSVILLE FL 34609

Mailing Address

P.O. BOX 10584
 BROOKSVILLE FL 34603-0584

2. Principal Place of Business

4578 California st.

Suite, Apt. #, etc.

3. Mailing Address

PO Box 10584

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Brooksville fl.

Zip

34609

Country

City & State

Brooksville fl

Zip

34603

Country

4. FEI Number

59-3544524

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PLUNKETT, LINDA
 4578 CALIFORNIA STREET
 BROOKSVILLE FL 34609

7. Name and Address of New Registered Agent

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.

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
	President/owner	Linda Plunkett	4578 California st. Brooksville fl. 34609	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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:

Linda Plunkett
 Linda Plunkett

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-28-2000 (352) 799-398
 Date Daytime Phone #

I am the only officer