

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 19, 2001 8:00 am
Secretary of State

02-19-2001 90016 048 ***150.00

DOCUMENT # F99000006127

1. Entity Name

WOMEN'S BUSINESS ASSISTANCE CENTER, INC.

Principal Place of Business

**1301 AZALEA ROAD, SUITE 201-A
MOBILE AL 36693**

Mailing Address

**1301 AZALEA ROAD, SUITE 201-A
MOBILE AL 36693**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **72-1397483**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**COBB, MARTHA
6235 N. DAVIS HWY., SUITE 111-B
PENSACOLA FL 32504**

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.
(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

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **SISSON, DIANE**
CITY-ST-ZIP **102 BRENTWOOD DR.
DAPHNE AL 36526**TITLE ☐ Delete
NAME **V**
STREET ADDRESS **CATHY ANDERSON GILES**
CITY-ST-ZIP **461 MOBILE ST.
FAIRHOPE AL 36532**TITLE ☐ Delete
NAME **ST**
STREET ADDRESS **CARIGLINO, KATHRYN**
CITY-ST-ZIP **138 FLORENCE PLACE
MOBILE AL 36607**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME **President**
STREET ADDRESS **Sisson, Diane**
CITY-ST-ZIP **The Summit, 206A, 2900 US Hwy 98
Daphne, AL 36526**TITLE ☒ Change ☐ Addition
NAME **Vice President**
STREET ADDRESS **Sidney King**
CITY-ST-ZIP **P.O. Box B
Mobile, AL 36601**TITLE ☒ Change ☐ Addition
NAME **Secretary**
STREET ADDRESS **Ann Broughton**
CITY-ST-ZIP **3224 Executive Park Circle
Mobile, AL 36606**TITLE ☒ Change ☐ Addition
NAME **Treasurer**
STREET ADDRESS **Arlender Jones**
CITY-ST-ZIP **1507 Farmer Street
Mobile, AL 36604**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Kathryn Cariglino***Kathryn Cariglino, Exec. Dir. 01/22/01**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(334)660-2725

CR2E034 (10/00)