

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 05, 2003 8:00 am**  
**Secretary of State**

**DOCUMENT # F99000006127**

1. Entity Name

**WOMEN'S BUSINESS ASSISTANCE CENTER, INC.**



09-05-2003 90175 001 \*\*\*150.00  
09-05-2003 90175 002 \*\*\*400.00

Principal Place of Business

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

Mailing Address

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

**33053063**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**72-1397483**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**FRASER, ROSEMARY  
7100 PLANTATION RD SUITE #4  
PENSACOLA FL 32504**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
SISSON, DIANE  
THE SUMMITT 206A/2900 US HWY 98  
DAPHNE AL 36526**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
Patricia Windham-Harvey  
25 W Cedar St Ste M  
Pensacola, FL 32501**

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
KING, SIDNEY  
P O BOX B  
MOBILE AL 36601**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
Thelma Manley  
1040 N Guillemard St.  
Pensacola, FL 32501**

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
CARIGLINO, KATHRYN  
1301 AZALEA RD STER 201A  
MOBILE AL 36693**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
Janice Boone  
70 N. Baylen St.  
Pensacola, FL 32501**

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
LEWIS, DEANA  
PO BOX 510  
PENSACOLA FL 32593**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
Anastasia Medes  
PO Box 624  
Montrose, AL 36559**

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
HORVATH, DAN  
302 BARCELONA ST  
PENSACOLA FL 32501**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
Greg Cyprian  
64 Etheridge St.  
Mobile, AL 36604**

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
BUSSELL, SALLY C  
30 S SPRING ST  
PENSACOLA FL 32501**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
Danny K. Patterson  
9890 Tom Waller Rd.  
Grand Bay, AL 36541**

☐ Change ☒ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Kathryn Cariglino*  
**Kathryn Cariglino**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**9/3/03 (251)660-2725**

Date

Daytime Phone #

CR2E034 (4/03)