

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

04-07-2003 91049 002 \*\*\*150.00

**DOCUMENT # J59358**

1. Entity Name  
**FEMININSIGHTS, INC.**



Principal Place of Business  
**173 VENICE PALMS BLVD  
VENICE FL 34292  
US**

Mailing Address  
**173 VENICE PALMS BLVD  
VENICE FL 34292  
US**



2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2907520**  
Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**CARROLL, M. THEODORA  
173 VENICE PALMS BLVD  
VENICE FL 34292**

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

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**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              |                                 |
|---|---------------------------------|
| TITLE NAME<br>D<br>CARROLL, M. T        | <input type="checkbox"/> Delete |
| STREET ADDRESS<br>173 VENICE PALMS BLVD |                                 |
| CITY-ST-ZIP<br>VENICE FL 34292          |                                 |
| TITLE NAME                              | <input type="checkbox"/> Delete |
| STREET ADDRESS                          |                                 |
| CITY-ST-ZIP                             |                                 |
| TITLE NAME                              | <input type="checkbox"/> Delete |
| STREET ADDRESS                          |                                 |
| CITY-ST-ZIP                             |                                 |
| TITLE NAME                              | <input type="checkbox"/> Delete |
| STREET ADDRESS                          |                                 |
| CITY-ST-ZIP                             |                                 |
| TITLE NAME                              | <input type="checkbox"/> Delete |
| STREET ADDRESS                          |                                 |
| CITY-ST-ZIP                             |                                 |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|---|---|
| TITLE NAME  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS  |   |
| CITY-ST-ZIP   |   |
| TITLE NAME  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS  |   |
| CITY-ST-ZIP   |   |
| TITLE NAME  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS  |   |
| CITY-ST-ZIP   |   |
| TITLE NAME  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS  |   |
| CITY-ST-ZIP   |   |
| TITLE NAME  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS  |   |
| CITY-ST-ZIP   |   |

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: SIGNATURE REQUIRED 4/1/03 941-412-3947  
Date Daytime Phone #

CR2E034 (10/02)