

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

00 MAY 10 PM 1:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** L99000008511

**1. Entity Name**  
WOMENSFINANCE.COM, LLC

**Principal Place of Business**  
7330 DU MONDE PLACE  
PENSACOLA, FL 32505

**Mailing Address**  
SAME

**2. Principal Place of Business**  
N/A

**3. Mailing Address**  
SAME N/A

Suite, Apt. #, etc.  
7330 DU MONDE PLACE

City & State  
PENSACOLA, FLORIDA

Zip  
32505

Country  
U.S.

DO NOT WRITE IN THIS SPACE

**4. FEI Number**  
59-3622102

**5. Certificate of Status Desired** ☐ **\$5.00 Additional Fee Required**

Applied For  
Not Applicable

**6. Name and Address of Current Registered Agent**  
JOHN M. PACCHETTI, "MGRM" JMP  
7330 DU MONDE PLACE  
PENSACOLA, FL 32505

**7. Name and Address of New Registered Agent**  
~~JOHN M. PACCHETTI~~  
N/A

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

**FILE NOW!!! FEE IS \$50.00**  
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
<b>TITLE</b> (PRESIDENT) <b>NAME</b> SARON H. PACCHETTI "MGRM" JMP <b>STREET ADDRESS</b> 7330 DU MONDE PLACE <b>CITY-ST-ZIP</b> PENSACOLA, FL 32505	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000003279200-4 -06/07/00--01005--016 *****50.00 *****50.00
<b>TITLE</b> (VICE PRESIDENT) <b>NAME</b> JOHN M. PACCHETTI "MGRM" JMP <b>STREET ADDRESS</b> 7330 DU MONDE PLACE <b>CITY-ST-ZIP</b> PENSACOLA, FL 32505	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** John M. Pacchetti JOHN M. PACCHETTI "MGRM" JMP APR 19, 2000 (850) 458-7133

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (1/1/99)