

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 90857 042 ***150.00

DOCUMENT # M99150

1. Entity Name
FLORIDA WOMAN, INC.

Principal Place of Business

12636 ENCLAVE DR.
 ORLANDO FL 32837
 US

Mailing Address

12636 ENCLAVE DR.
 ORLANDO FL 32837
 US

2. Principal Place of Business

1936 Derby Glen DR

Suite, Apt. #, etc.
Orlando, FL

City & State
Orlando, FL

Zip
32837

Country
Orange

3. Mailing Address

1936 Derby Glen DR

Suite, Apt. #, etc.

City & State
Orlando, FL

Zip
32837

Country
Orange



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2909104**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

CHRIST, MARIAN P
12636 ENCLAVE DR.
ORLANDO FL 32837

7. Name and Address of New Registered Agent

Name
MARIAN P. CHRIST

Street Address (P.O. Box Number is Not Acceptable)

1936 Derby Glen DR

City **Orlando** **FL** Zip Code **32837**

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 **Marian P. Christ** **MARIAN P. CHRIST** **PRESIDENT** **4/22/02**
 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, 2002 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 **PTS** ☐ Delete
 NAME **CHRIST, MARIAN P**
 STREET ADDRESS **12636 ENCLAVE DR.**
 CITY-ST-ZIP **ORLANDO FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **1936 Derby Glen DR**
 CITY-ST-ZIP **Orlando, FL 32837**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: **Marian P. Christ**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/02 **407-812-1392**
 Date Daytime Phone #

CR2E034 (9/01)