

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 17, 2002 8:00 am
Secretary of State

09-17-2002 90092 039 ****70.00

DOCUMENT # N00000002383

1. Entity Name

CRISIS PREGNANCY OUTREACH OF FLORIDA, INC.

Principal Place of Business

Mailing Address

1575 DIXIE WAY
 MELBOURNE FL 32935

1575 DIXIE WAY
 MELBOURNE FL 32935

2. Principal Place of Business

1127 South Patrick Dr

3. Mailing Address

1127 S. Patrick Dr

Suite, Apt. #, etc.

#13

Suite, Apt. #, etc.

#13

City & State

Satellite Bch FL

City & State

Satellite Bch

Zip

32937

Country

USA

Zip

32937

Country

USA

4. FEI Number

59-3648860

Applied For

Not Applicable

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

HALL, MARK
 1575 DIXIE WAY
 MELBOURNE FL 32935

Name

HALL, Mark

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

441 S. Waterway Dr.

City

Satellite Bch

FL

Zip Code

32937

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

Mark S. Hall

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

(NOTE: Registered Agent signature required when reinstating)

8-2-02

DATE

After September 13, 2002,
 min. will be \$236.25.

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
 Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
 NAME D
 STREET ADDRESS HALL, MARK
 CITY-ST-ZIP 441 S WATERWAY DR
 SATELLITE BEACH FL 32937

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

TITLE ☐ Delete
 NAME IEZZI, JACINTA M
 STREET ADDRESS 3530 SERENITY LANE
 CITY-ST-ZIP MELBOURNE FL 32934

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

TITLE ☐ Delete
 NAME LAMERS, JOSEPH B
 STREET ADDRESS 545 HARWOOD AVE
 CITY-ST-ZIP SATELLITE BEACH FL 32937

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

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
 NAME
 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 617, 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:

Mark S. Hall

8-02-02

CR2E037 (4/02)