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2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2001 8:00 am
Secretary of State
03-15-2001 90209 002 ****70.00

DOCUMENT # N00000005203

1. Entity Name

VOICE OF THE BRIDE, INC.

Principal Place of Business	Mailing Address
510 GULF SHORE DR. UNIT 101 DESTIN FL 32541	P O BOX 1181 DESTIN FL 32540

33040

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
155 Paradise Pt Ln	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Santa Rosa Beach, Fl	City & State
Zip: 32459 Country: US	Zip Country

4. FEI Number: 59-3681773 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HAUGHT, BRUCE A
36468 EMERALD COAST PARKWAY, SUITE 2101
DESTIN FL 32541

7. Name and Address of New Registered Agent

Name: Jerry Ogle
Street Address (P.O. Box Number is Not Acceptable): 155 Paradise Pt Ln
City: Santa Rosa Beach FL Zip Code: 32459

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: Jerry Ogle Jerry Ogle 3-9-01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25	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 / NAME / STREET ADDRESS / CITY-ST-ZIP	Claire Ogle D P 155 Paradise Pt Ln Santa Rosa Beach Fl 32459	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Claire Ogle P/D 155 Paradise Pt Ln Santa Rosa Beach, Fl 32459	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Jerry Ogle D VP 155 Paradise Pt. Ln. Santa Rosa Beach Ft. 32459	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Jerry Ogle V 155 Paradise Pt Ln Santa Rosa Beach Fl 32459	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Roxanne Smith D S/T 155 Paradise Pt Ln. Santa Rosa Beach fl 32459	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Roxanne Smith S/T 155 Paradise Pt. Lane Santa Rosa Beach, Fl. 32459	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/00)

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: SIGNATURE REQUIRED 3-9-01 850-837-5366
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #