

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000007828

1. Entity Name

MOM'S HOUSE, INC. OF SHALIMAR

Principal Place of Business

ONE MEIGS DRIVE
SHALIMAR FL 32579

Mailing Address

ONE MEIGS DRIVE
SHALIMAR FL 32579

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

KIRKEGAARD, JOHANNA
ONE MEIGS DRIVE
SHALIMAR FL 32579

7. Name and Address of New Registered Agent

Name DEBBIE KERSTEIN

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

595 FAIRWAY COURT

City

FORT WALTON BEACH

FL

Zip Code

32547

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

DEBBIE KERSTEIN, President

Debbie Kerstein

4-9-01

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

TITLE ☒ Delete
NAME D
STREET ADDRESS KIRKEGAARD, JOHANNA MS.
CITY-ST-ZIP 328 S.W. VISTA STREET
FORT WALTON BEACH FL 32548

TITLE ☐ Delete
NAME D
STREET ADDRESS RUNGE, BRIAN MR.
CITY-ST-ZIP 33 BERWICK CIRCLE
SHALIMAR FL 32579

TITLE ☐ Delete
NAME D
STREET ADDRESS KERSTEIN, DEBBIE MS.
CITY-ST-ZIP 595 FAIRWAY COURT
FORT WALTON BEACH FL 32547

TITLE ☒ Delete
NAME D
STREET ADDRESS CAMPBELL, BILL MR.
CITY-ST-ZIP 1007 S.E. MIDDLE DRIVE
FORT WALTON BEACH FL 32547

TITLE ☐ Delete
NAME D
STREET ADDRESS MR. D. MICHAEL CHESSER
CITY-ST-ZIP 122 BAYOU DRIVE
NICEVILLE FL 32578

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition
NAME Phil Pink, Treasurer
STREET ADDRESS 101 Duke Drive
CITY-ST-ZIP Niceville, FL 32578

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

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

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

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

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:

Debbie Kerstein DEBBIE KERSTEIN

Date

Daytime Phone #

4-9-01 850-651-5339

CR2E037 (10/00)