

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000008138

1. Entity Name
NEW DIRECTIONS FOR GIRLS, INC.

FILED
Apr 18, 2001 8:00 am
Secretary of State

04-18-2001 90026 029 ****61.25

Principal Place of Business
2642 CHESTER AVE
NEW SMYRNA BEACH FL 32168

Mailing Address
2642 CHESTER AVE
NEW SMYRNA BEACH FL 32168



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
~~2642 Chester Ave~~
Suite, Apt. #, etc.

3. Mailing Address
~~2642 Chester Ave~~
Suite, Apt. #, etc.

City & State
~~NSB FL~~

City & State
~~NSB FL~~

4. FEI Number
~~59-3696486~~

Applied For
Not Applicable

Zip
~~32168~~

Country
~~Volusia~~

Zip
~~32168~~

Country
~~Volusia~~

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

CROTTY, KATHLEEN L ESQ
1800 W. INTERNATIONAL SPEEDWAY
BLDG. 2 STE. 201
DAYTONA BEACH FL 32114

Name
Street Address (P.O. Box Number is Not Acceptable)
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 _____ (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 D ☐ Delete
NAME TOMEI, LIANA D
STREET ADDRESS 2642 CHESTER AVE
CITY-ST-ZIP NEW SMYRNA BEACH FL 32168

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

TITLE D ☐ Delete
NAME TOMEI, LAWRENCE J
STREET ADDRESS 2642 CHESTER AVE
CITY-ST-ZIP NEW SMYRNA BEACH FL 32168

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

TITLE D ☐ Delete
NAME DIVOKY, CHARLENE
STREET ADDRESS 377 IPSWICH ROAD
CITY-ST-ZIP BOXFORD MA 01833

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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: Liana Tomei LIANA Tomei 4-8-01 386-409-9692
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)