

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90304 001 ****61.25

DOCUMENT # N00000008138

1. Entity Name

NEW DIRECTIONS FOR GIRLS, INC.

Principal Place of Business

Mailing Address

**2642 CHESTER AVE
 NEW SMYRNA BEACH FL 32168**

**2642 CHESTER AVE
 NEW SMYRNA BEACH FL 32168**

2. Principal Place of Business

**1555 Cow Creek Rd
 Suite, Apt. #, etc.**

3. Mailing Address

**P.O. Box 730
 Suite, Apt. #, etc.**



DO NOT WRITE IN THIS SPACE

City & State

Edgewater FL

City & State

Edgewater FL

4. FEI Number

59-3696486

Applied For

Not Applicable

Zip

32141

Country

Volusia

Zip

32132

Country

Volusia

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$81.25

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	D <input type="checkbox"/> Delete
NAME	TOMEI, LIANA D
STREET ADDRESS	2642 CHESTER AVE
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168
TITLE	D <input type="checkbox"/> Delete
NAME	TOMEI, LAWRENCE J
STREET ADDRESS	2642 CHESTER AVE
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168
TITLE	D <input type="checkbox"/> Delete
NAME	DIVOKY, CHARLENE
STREET ADDRESS	377 IPSWICH ROAD
CITY-ST-ZIP	BOXFORD MA 01833
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1555 Cow Creek Rd.
CITY-ST-ZIP	Edgewater FL 32141
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1555 Cow Creek Rd.
CITY-ST-ZIP	Edgewater FL 32141
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-01-02 **409-9692**
 Date Daytime Phone #

CR2E037 (9/01)