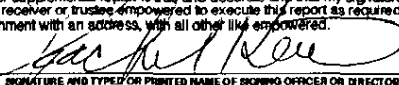


FILED
May 07, 2003 8:00 am
Secretary of State

05-07-2003 90174 006 ****61.25

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N01000000466					
1. Entity Name SINGLEMOMSClub.COM, INC.					
Principal Place of Business 1817 OAK TRAIL WEST, #201 CLEARWATER, FL 33764			Mailing Address 1817 OAK TRAIL WEST, #201 CLEARWATER, FL 33764		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3691218	
				Applied For Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FRIZADO-KOWSKI, RACHEL A 1817 OAK TRAIL WEST, #201 CLEARWATER, FL 33764			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE: _____ (NOTE: Registered Agent's signature required when submitting)					
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 Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P/D	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	FRIZADO-KOWSKI, RACHEL		NAME		
STREET ADDRESS	1817 OAK TRAIL WEST, #201		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER, FL 33764		CITY-ST-ZIP		
TITLE	V/D	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	HULLEN, KATHY		NAME		
STREET ADDRESS	1817 OAK TRAIL WEST, #201		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER, FL 33764		CITY-ST-ZIP		
TITLE	S/D	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	CORMIER, GINA		NAME		
STREET ADDRESS	1817 OAK TRAIL WEST, #201		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER, FL 33764		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: 			5/1/03 727-531-5607		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		