

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 03, 2002 8:00 am
Secretary of State

09-03-2002 90164 019 ****70.00

DOCUMENT # N01000002003

1. Entity Name

SHAKEN BABY COALITION, INC.

Principal Place of Business

**4200 STATE RD. SEVEN
 LAKE WORTH FL 33467**

Mailing Address

**4200 STATE RD. SEVEN
 LAKE WORTH FL 33467**

2. Principal Place of Business

224 DATURA ST

Suite, Apt. #, etc.

1113

City & State

WEST Palm Bch., Fl.

Zip

33401

Country

USA

3. Mailing Address

224 DATURA ST

Suite, Apt. #, etc.

1113

City & State

WEST Palm Bch., Fl.

Zip

33401

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

651094916

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

MEISLER, MICHAEL C

1338 SE 17TH ST. CAUSEWAY

FT LAUDERDALE FL 33316

7. Name and Address of New Registered Agent

Name

MICHELLE M. POOLE

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

4200 STATE RD 7

City

LAKE WORTH

FL

Zip Code

33467

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

Michelle M. Poole

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

(NOTE: Registered Agent signature required when reinstating)

DATE

8/26/02

**After September 13, 2002,
 min. will be \$236.25.**

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	D POOLE, MICHELE 4200 STATE RD. SEVEN LAKE WORTH FL 33467	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ULLMAN, BARBARA 4200 STATE RD. SEVEN LAKE WORTH FL 33467	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'NEIL, JERILYN 4200 STATE RD. SEVEN LAKE WORTH FL 33467	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D WALTER, PATRICIA J. 7411 SW 1st STREET MARGATE, Fl. 33068	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/V ROWSE, Pamela 4330 CRATER ST. LAS VEGAS, NV 89122	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E037 (4/02)

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:

Michelle M. Poole

8/26/02

954-328-0377