

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

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91899 025 ****70.50

DOCUMENT # N02000003563

1. Entity Name

MASTERPIECE MOMS, INC.



Principal Place of Business

**4403 LAKEMONT COURT
PALM BEACH GARDENS FL 33403**

Mailing Address

**4403 LAKEMONT COURT
PALM BEACH GARDENS FL 33403**

2. Principal Place of Business

4403 Lakemont Ct.

3. Mailing Address

4403 Lakemont Ct

Suite, Apt. #, etc.

Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State

Palm Beach Gardens, FL

City & State

Palm Beach Gardens, FL

4. FEI Number

710883130

Applied For

Not Applicable

Zip

33403

Country

U.S.

Zip

33403

Country

U.S.

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CULLEN, KATHY L
4403 LAKEMONT COURT
PALM BEACH GARDENS FL 33403**

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

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **CULLEN, KATHY L**
STREET ADDRESS **4403 LAKEMONT COURT**
CITY-ST-ZIP **PALM BEACH GARDENS FL 33403**

TITLE **V** ☐ Delete
NAME **FOUNTAIN, JUDY R**
STREET ADDRESS **5724 DRYDEN RD.**
CITY-ST-ZIP **WEST PALM BEACH FL 33415**

TITLE **T** ☐ Delete
NAME **WIGGINS, JOSHUA M**
STREET ADDRESS **1400 VILLAGE BLVD. #723**
CITY-ST-ZIP **WEST PALM BEACH FL 33404**

TITLE ☐ Delete
NAME **Eller, Evelyn**
STREET ADDRESS **11061 Thynne Dr.**
CITY-ST-ZIP **Palm Beach Gardens, FL 33418**

TITLE ☐ Delete
NAME **Mauch, Mike**
STREET ADDRESS **11192 46th Pl. No.**
CITY-ST-ZIP **Royal Palm Beach, FL 33411**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **S** ☐ Change ☒ Addition
NAME **Lawrence, Lupe**
STREET ADDRESS **1128 E. Hwy 101**
CITY-ST-ZIP **Lake Park, FL 33403**

TITLE **D** ☐ Change ☒ Addition
NAME **Eller, Evelyn**
STREET ADDRESS **11061 Thynne Dr.**
CITY-ST-ZIP **Palm Beach Gardens, FL 33418**

TITLE **D** ☐ Change ☒ Addition
NAME **Mauch, Mike**
STREET ADDRESS **11192 46th Pl. No.**
CITY-ST-ZIP **Royal Palm Beach, FL 33411**

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

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

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:

KATHY L CULLEN

(561) 309-7318
4-30-03 (561) 746-8095

CR2E037 (10/02)