

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90094 008 ****61.25

DOCUMENT # N05530

1. Entity Name

THE MOTHERS' CONNECTION, INC.

Principal Place of Business

Mailing Address

13301 ELLISON WILSON RD
NORTH PALM BEACH FL 33408
US

P O BOX 32305
PALM BCH GARDENS FL 33420
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2574494

Applied For

☒ Not Applicable

Zip

Country

Zip

Country

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

ROSE, DEBORAH J
6373 WOOD LAKE ROAD
JUPITER FL 33458

Name

Jeannine Tomaselli

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

11156 Winding Pearl Way

City

Wellington

FL

Zip Code

33414

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 \$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 PD ☒ Delete
NAME ROSE, DEBORAH
STREET ADDRESS 6373 WOOD LAKE ROAD
CITY-ST-ZIP JUPITER FL 33458

TITLE PD ☒ Change ☐ Addition
NAME Jeannine Tomaselli
STREET ADDRESS 11156 Winding Pearl Way
CITY-ST-ZIP Wellington, FL 33414

TITLE VPD ☒ Delete
NAME KAUCHIK, HOLLY
STREET ADDRESS 2560 NATURES WAY
CITY-ST-ZIP WEST PALM BEACH FL 33410

TITLE VPD ☒ Change ☐ Addition
NAME Jennifer Cornell
STREET ADDRESS 13892 Oak Leap Ct.
CITY-ST-ZIP Jupiter, FL 33458

TITLE TD ☒ Delete
NAME DELGADO, PAULA
STREET ADDRESS 132 SPOON BILL CT.
CITY-ST-ZIP JUPITER FL 33458

TITLE TD ☒ Change ☐ Addition
NAME Lisa Keiser
STREET ADDRESS 174 Lost Bridge Drive
CITY-ST-ZIP Palm Beach Gardens, FL 33410

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE FD ☐ Change ☒ Addition
NAME Deborah J. Rose
STREET ADDRESS 6373 Woodlake Rd
CITY-ST-ZIP Jupiter, FL 33458

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
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:

Deborah J. Rose 3-2-02 561-748-0587

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)