

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 90038 031 ****61.25

DOCUMENT # N08615

1. Entity Name

WOMEN'S ENERGY BANK, INCORPORATED

Principal Place of Business

**5475 14TH AVENUE N
 SAINT PETERSBURG FL 33710
 US**

Mailing Address

**P.O. BOX 15548
 ST PETERSBURG FL 33733-5548**

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

59-2597466

Applied For

Not Applicable

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

**DITTO, PATRICIA M
 5475 14TH AVENUE NORTH
 SAINT PETERSBURG FL 33710**

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

04/09/2002

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	D	<input type="checkbox"/> Delete
NAME	DALY, EDITH	
STREET ADDRESS	5038 28 AVE S	
CITY-ST-ZIP	GULFPORT FL 33707	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KAZAR, JANET	
STREET ADDRESS	2000 E BAY DR #15	
CITY-ST-ZIP	LARGO FL 33771	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	COLE, CLAUDIA	
STREET ADDRESS	3018 59TH ST S	
CITY-ST-ZIP	GULFPORT FL 33707	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MARTIN, JACKIE	
STREET ADDRESS	5038 28TH AVENUE S	
CITY-ST-ZIP	GULFPORT FL 33707	
TITLE	D	<input type="checkbox"/> Delete
NAME	DITTO, PATRICIA	
STREET ADDRESS	5475 14TH AVENUE N	
CITY-ST-ZIP	SAINT PETERSBURG FL 33710	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANNE A. MILLER	
STREET ADDRESS	175 21 ST AVE. S.E.	
CITY-ST-ZIP	ST. PETERSBURG, FL 33705	
TITLE	HARRIET S. LEWIS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DIRECTOR	
STREET ADDRESS	5233 Deletta Ave. S	
CITY-ST-ZIP	GULFPORT, FL 33707	
TITLE	CHRISTINE M. LOVETT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DIRECTOR	
STREET ADDRESS	5714 4th ST. S	
CITY-ST-ZIP	ST. PETERSBURG, FL 33705	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GILLIANE. FRENCH	
STREET ADDRESS	515 77th ST E.	
CITY-ST-ZIP	TEARA CITA, FL 34221	
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:

PATRICIA M. DITTO **MARCH 29 2002** **727-323-5706**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)