

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90046 029 ****61.25

DOCUMENT # N13927

1. Entity Name

PARENTS WITHOUT PARTNERS INC. CHAPTER 545, GULF

Principal Place of Business

Mailing Address

P O BOX 60935
 FT MYERS FL 33906-0935
 US

P O BOX 60935
 FT MYERS FL 33906-0935
 US

00010722



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

23-7178722

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

GIORDANO, FRANK
4021 SE 19TH PL
CAPE CORAL FL 33904

Name **Sharon Bredek**
 Street Address (P.O. Box Number is Not Acceptable) **4717 SW 134 Ave #207**
 City **Cape Coral** FL Zip Code **33904**

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

Sharon A. Bredek

1-3-01

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 NAME	P GIORDANO, FRANK	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	4021 SE 19TH PL	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE NAME	VD HARRISON, JEAN	<input type="checkbox"/> Delete
STREET ADDRESS	4201 HATTON ROGER LN #8	
CITY-ST-ZIP	N FORT MYERS FL 33903	
TITLE NAME	DT SCHATZAN, WILLIAM	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	11031 BALLWEG LANE	
CITY-ST-ZIP	FORT MYERS FL 33908	
TITLE NAME	SD SANDAHL, DIANA	<input type="checkbox"/> Delete
STREET ADDRESS	4608 SE 6TH AVE #2B	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE NAME	VD BORGES, WELMA	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	8396 BAHAMAS RD	
CITY-ST-ZIP	FORT MYERS FL 33912	
TITLE NAME	D STITES, BARBARA	<input type="checkbox"/> Delete
STREET ADDRESS	1621 NE 16TH TERR 4607 SE 44TH	
CITY-ST-ZIP	CAPE CORAL FL 33909 33904	

TITLE NAME	P Sharon Bredek	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	4717 SW 134 Ave #207	
CITY-ST-ZIP	Cape Coral FL 33904	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

Sharon A. Bredek
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-3-01

941-574 1327

Date

Daytime Phone #

CR2E037 (10/00)