

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90070 024 ****61.25

DOCUMENT # N42964

1. Entity Name

SOPHISTICATED LADIES OF TAMPA BAY, INC.

Principal Place of Business

Mailing Address

% HUDSON, SELPHENIA
 2118 E CARACHS ST
 TAMPA FL 33610-5027
 US

2118 E CARACHS ST
 TAMPA FL 33610-5027
 US

2. Principal Place of Business

3. Mailing Address

8407 Barrett Pl.
 Suite, Apt. #, etc.
 Tampa, FL
 City & State

Selphenia Hudson
 Suite, Apt. #, etc.
 8407 Barrett Place
 Tampa, Florida
 City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3095954

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

Zip
 33617-6913

Country
 Hillsborough

Zip
 33617-6913

Country
 Hillsborough

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HUDSON, SELPHENIA
 2118 E. CARACAS ST.
 TAMPA FL 33610-5027

Name
 Selphenia Hudson
 Street Address (P.O. Box Number is Not Acceptable)
 8407 Barrett Place
 Tampa, Florida
 City FL Zip Code
 33617

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 NAME STREET ADDRESS CITY-ST-ZIP	DP HUDSON, SELPHENIA % 2118 E. CARACAS ST. TAMPA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BLOOM, JOYCE 8801 NORTH 14TH ST TAMPA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT CLEGGETT, ROSETTA 701 N. CASTLE CT. TAMPA FL 33612	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SHEEHY, CAROLYN 3906 STATE STREET TAMPA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP INGHRAM, THELMA 7232 HAMMETT RD TAMPA FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WILLIAMS, WILLIE MAE 4213 LAUREL ST TAMPA FL	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Selphenia Hudson 8407 Barrett Place Tampa, Florida 33617	<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	Shari	<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	Willie Mae Williams 4213 Laurel St. Tampa, FL 33607	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sharon Bailey 3112 E. Emma St Tampa, FL 33610	<input type="checkbox"/> Change <input type="checkbox"/> 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: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)