

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N42964

1. Entity Name

SOPHISTICATED LADIES OF TAMPA BAY, INC.

FILED

Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90115 021 ****61.25

Principal Place of Business

Mailing Address

% HUDSON, SELPHENIA
8407 BARNETT PLACE BARRETT PL
TAMPA FL 33617-6913
US

% HUDSON, SELPHENIA
8407 BARNETT PLACE BARRETT PL
TAMPA FL 33617-6913
US



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

59-3095954

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

HUDSON, SELPHENIA
8407 BARNETT PLACE 8407 BARRETT PL.
TAMPA FL 33617 Tampa, FL 33617-6913

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

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 DP
NAME HUDSON, SELPHENIA
STREET ADDRESS 8407 BARNETT PLACE BARRETT PL
CITY-ST-ZIP TAMPA FL 33617-6913 ☐ Delete

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

TITLE DS
NAME BLOOM, JOYCE
STREET ADDRESS 8801 NORTH 14TH ST
CITY-ST-ZIP TAMPA FL ☐ Delete

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

TITLE DT
NAME CLEGGETT, ROSETTA
STREET ADDRESS 701 N. CASTLE CT.
CITY-ST-ZIP TAMPA FL 33612 ☒ Delete

TITLE Paula Johnson
NAME 314 W. Columbus Drive
STREET ADDRESS Tampa, FL 33602 ☒ Change ☐ Addition

TITLE DS
NAME SHEEHY, CAROLYN
STREET ADDRESS 3906 STATE STREET
CITY-ST-ZIP TAMPA FL ☐ Delete

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

TITLE VP
NAME WILLIAMS, WILLIE M
STREET ADDRESS 4213 LAUREL STREET
CITY-ST-ZIP TAMPA FL 33607 ☐ Delete

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

TITLE V
NAME WILLIAMS, WILLIE MAE Ellen
STREET ADDRESS 4213 LAUREL ST
CITY-ST-ZIP TAMPA FL ☒ Delete

TITLE ELLEN J. Duhart
NAME 702 Oakhurst #108
STREET ADDRESS TAMPA, FL 33606 ☒ 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: Selphenia Hudson Selphenia Hudson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/01

(813) 871-7698

Date

Daytime Phone #

CR2E037 (10/00)