

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2003 8:00 am
Secretary of State

04-02-2003 90062 011 ****70.00

DOCUMENT # N42964

1. Entity Name

SOPHISTICATED LADIES OF TAMPA BAY, INC.



Principal Place of Business

% HUDSON, SELPHENIA
8407 BARETT PLACE
TAMPA FL 33617
US

Mailing Address

% HUDSON, SELPHENIA
8407 BARETT PLACE
TAMPA FL 33617
US

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 **59-3095954**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**HUDSON, SELPHENIA
8407 BARRETT PLACE
TAMPA FL 33617**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Selphenia Hudson

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/30/03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **DP** ☐ Delete
NAME **HUDSON, SELPHENIA**
STREET ADDRESS **8407 BARNETT PLACE**
CITY-ST-ZIP **TAMPA FL 33617**

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

TITLE **DT** ☐ Delete
NAME **JOHNSON, PAULA**
STREET ADDRESS **314 W COLUMBUS DRIVE**
CITY-ST-ZIP **TAMPA FL 33602**

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

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

TITLE **V** ☐ Delete
NAME **DUHART, ELLEN J**
STREET ADDRESS **703 OAKHURTS #108**
CITY-ST-ZIP **TAMPA FL 33606**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
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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:

Selphenia Hudson

3/30/03

813-871-7698

CR2E037 (10/02)