

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 21, 2001 8:00 am
Secretary of State

09-21-2001 90004 043 ****70.00

DOCUMENT # N47851

1. Entity Name

WOMEN AND CHILDREN 1ST., INC.

Principal Place of Business

3575 BARREL SPRINGS DRIVE
 ORANGE PARK FL 32073

Mailing Address

3575 BARREL SPRINGS DRIVE
 ORANGE PARK FL 32073

2. Principal Place of Business

229 NE AIROSO BLVD

3. Mailing Address

229 NE AIROSO BLVD

Suite, Apt. #, etc.

Port St Lucie, FL

Suite, Apt. #, etc.

Port St. Lucie FL

City & State

Zip 34983

Country USA

City & State

Zip 34983

Country USA

4. FEI Number

65-0324317

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HOLLOMAN, MARILYN
 3575 BARREL SPRINGS DRIVE
 ORANGE PARK FL 32073

7. Name and Address of New Registered Agent

Name MARILYN HOLLOMAN

Street Address (P.O. Box Number is Not Acceptable)

229 NE AIROSO BLVD

Port St. Lucie

FL

Zip Code 34983

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

7/6/01

FILE NOW: FEE IS \$61.25

After September 12, 2001, min. will be \$236.25

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

TITLE NAME PT HOLLOMAN, MARILYN ☐ Delete

STREET ADDRESS 3575 BARREL SPRINGS DRIVE

CITY-ST-ZIP ORANGE PARK FL 32073

TITLE NAME CEO HOLLOMAN, MARILYN ☐ Delete

STREET ADDRESS 3575 BARREL SPRINGS DRIVE

CITY-ST-ZIP ORANGE PARK FL 32073

TITLE NAME VT SUEI, AMINA ☐ Delete

STREET ADDRESS 3575 BARREL SPRINGS DRIVE

CITY-ST-ZIP ORANGE PARK FL 32073

TITLE NAME STY JOHNSON, MARY ☐ Delete

STREET ADDRESS 3575 BARREL SPRINGS DRIVE

CITY-ST-ZIP ORANGE PARK FL 32073

TITLE NAME ☐ Delete

STREET ADDRESS

CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME ☒ Change ☐ Addition

STREET ADDRESS 229 NE AIROSO BLVD

CITY-ST-ZIP PORT ST LUCIE, FL 34983

TITLE NAME CEO HOLLOMAN, MARILYN ☒ Change ☐ Addition

STREET ADDRESS 229 NE AIROSO BLVD

CITY-ST-ZIP PORT ST LUCIE, FL 34983

TITLE NAME ☒ Change ☐ Addition

STREET ADDRESS 229 NE AIROSO BLVD

CITY-ST-ZIP PORT ST LUCIE, FL 34983

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME ☐ Change ☐ 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

SIGNATURE REQUIRED

7/6/01 873-8314

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CR2E037 (5/01)