

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N47851

FILED
May 01, 2003
Secretary of State

Entity Name: WOMEN AND CHILDREN 1ST., INC.

Current Principal Place of Business:

229 NE AIRESO BLVD
PORT SAINT LUCIE, FL 34983

New Principal Place of Business:

114 SW PEACOCK BLVD.
201
PORT SAINT LUCIE, FL 34986

Current Mailing Address:

229 NE AIRESO BLVD
PORT SAINT LUCIE, FL 34983

New Mailing Address:

114 SW PEACOCK BLVD.
201
PORT SAINT LUCIE, FL 34986

FEI Number: 65-0324317

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HOLLOMAN, MARILYN
229 NE AIROSOS BV
PORT SAINT LUCIE, FL 34983

Name and Address of New Registered Agent:

HOLLOMAN, MARILYN
114 SW PEACOCK BLVD.
201
PORT SAINT LUCIE, FL 34986

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: MARILYN HOLLOMAN

05/01/2003

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: HOLLOMAN, MARILYN,
Address: 229 NE AIROSOS BLVD
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: CEO () Delete
Name: HOLLOMAN, MARILYN,
Address: 229 NE AIROSOS BLVD
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: VT () Delete
Name: SUEDI, AMINA
Address: 229 NE AIROSOS BV
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: STT () Delete
Name: JOHNSON, MARY
Address: 229 NE AIROSOS BLVD
City-St-Zip: PORT SAINT LUCIE, FL 34983

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change () Addition
Name: HOLLOMAN, MARILYN,
Address: 114 SW PEACOCK BLVD #201
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: CEO (X) Change () Addition
Name: HOLLOMAN, MARILYN,
Address: 114 SW PEACOCK BLVD. #201
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: VT (X) Change () Addition
Name: SUEDI, AMINA
Address: 114 SW PEACOCK BLVD #201
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: STT (X) Change () Addition
Name: JOHNSON, MARY
Address: 114 SW PEACOCK BLVD #201
City-St-Zip: PORT SAINT LUCIE, FL 34986

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARILYN HOLLOMAN

PT

05/01/2003

Electronic Signature of Signing Officer or Director

Date