

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90014 037 ****70.00

DOCUMENT # N50837

1. Entity Name

WEDDING PROFESSIONALS OF CENTRAL FLORIDA, INC.

Principal Place of Business

501 N ORLANDO AVE
 #313-154
 WINTER PARK FL 32789-7313
 US

Mailing Address

501 N ORLANDO AVE
 #313-154
 WINTER PARK FL 32789-9313
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3150622

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HALBRUCKER, JOE
 380 S. SR 434
 SUITE 1004-104
 ALTAMONTE SPRINGS FL 32714

7. Name and Address of New Registered Agent

Name **Hawkins, Kathleen**
 Street Address (P.O. Box Number is Not Acceptable)
1534 Myrtle Lake Hills Rd.
 City **Longwood** FL Zip Code **32750**

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

Kathleen Hawkins, President

4-10-01

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

TITLE	DVP	<input checked="" type="checkbox"/> Delete
NAME	CALDERARD, LINDA	
STREET ADDRESS	1076 W. SR 436/SUITE G	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	HALBRUCKER, JOE	
STREET ADDRESS	380 S. SR 434/SUITE 1004-104	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BERGER, JOYCE	
STREET ADDRESS	941 PADDINGTON TERRACE	(same)
CITY-ST-ZIP	HEATHROW FL 32746	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	BLOSCHE, LOUISE	
STREET ADDRESS	939 E. ALTAMONE DRIVE	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hawkins, Kathleen	
STREET ADDRESS	1534 Myrtle Lake Hills Road	
CITY-ST-ZIP	Longwood, FL 32750	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Foranoe, Joe	
STREET ADDRESS	1788 Pine Bay Drive	
CITY-ST-ZIP	Lake Mary, FL 32746	
TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Berger, Joyce	
STREET ADDRESS	941 Paddington Terrace	(same)
CITY-ST-ZIP	Heathrow, FL 32746	
TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wittmer, Sylvette	
STREET ADDRESS	270 W SR 434	
CITY-ST-ZIP	Longwood, FL 32760	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Kathleen Hawkins, President

Date

4/10/01

Daytime Phone #

407-834-8023

CR2E037 (10/00)