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

FILED
Apr 07, 2003 8:00 am
Secretary of State
04-07-2003 90137 002 ****61.25

DOCUMENT # N93000004268

1. Entity Name
NORTHEAST FLORIDA WOMEN IN INTERNATIONAL TRADE, INC.

Principal Place of Business	Mailing Address
9802 BAYMEADOWS RD SUITE 12 JACKSONVILLE FL 32256	ATTEN:DEBORAH G.CLAYTON P.O.BOX 3005 JACKSONVILLE FL 32206

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
2831 TALLEYRAND AVE	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: JACKSONVILLE, FL	City & State
Zip: 32206 Country: USA	Zip Country

4. FEI Number 59-3204508 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LOFBERG, DEBORAH
9802 BAYMEADOWS RD
STE 12
JACKSONVILLE FL 32256

7. Name and Address of New Registered Agent

Name: LOFBERG, DEBORAH
Street Address (P.O. Box Number is Not Acceptable): 2831 TALLEYRAND AVENUE
City: JACKSONVILLE FL Zip Code: 32206

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 _____
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 Florida Department of State

NEW ADDRESSES

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD TENCER, DAGMAR 9802 BAYMEADOWS RD, STE 12 JACKSONVILLE FL 32256	~~Delete~~ OK	PD TENCER, DAGMAR 2831 TALLEYRAND AVE JACKSONVILLE, FL 32206	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV BARAKAT, KARAN 9802 BAYMEADOWS RD ST 12 JACKSONVILLE FL 32256	☐ Delete	DV BARAKAT, KAREN 2831 TALLEYRAND AVENUE JACKSONVILLE, FL 32206	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD LOFBERG, DEBORAH 9802 BAYMEADOWS RD ST 12 JACKSONVILLE FL 32256	☐ Delete	SD LOFBERG, DEBORAH 2831 TALLEYRAND AVE JACKSONVILLE FL 32206	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT CLAYTOR, DEBORAH G 9802 BAYMEADOWS RD., STE 12 JACKSONVILLE FL 32256	☐ Delete	DT CLAYTOR, DEBORAH G. 2831 TALLEYRAND AVE JACKSONVILLE, FL 32206	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV CUMINS, KATELIN 9802 BAYMEADOWS RD., STE 12 JACKSONVILLE FL 32256	~~Delete~~ OK	DV CUMINS, KATELIN 2831 TALLEYRAND AVE JACKSONVILLE, FL 32206	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV OLSON, NANCY 9802 BAYMEADOWS RD., STE 12 JACKSONVILLE FL 32256	☐ Delete	DV OLSON, NANCY 2831 TALLEYRAND AVE. JACKSONVILLE, FL 32206	☐ Change ☐ Addition

CR2E037 (10/02)

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: Deborah G. Clayton REQUIRED 04/03/03 904/630-3053
SIGNATURE AND TITLE OF AUTHORIZED OFFICER OR DIRECTOR Date Daytime Phone #