2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N95000001800

DIAL, TERESA

PO BOX 173655

TAMPA, FL 33672

Name:

Address:

City-St-Zip:

Entity Name: SURVIVORS OF STALKING INC

FILED Apr 26, 2002 8:00 AM Secretary of State

,		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
PO BOX 1 TAMPA, F		US			
Current M	lailing Add	ress:	New Mailing Addres	New Mailing Address:	
PO BOX 1 TAMPA, F		US			
FEI Number:	: 59-3308494	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
	R TRACE L 33617	US ity submits this statement for the p	ourpose of changing its registere	d office or registered agent, or both,	
SIGNATU					
	Flec	ronic Signature of Registered Ag		Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PTD GOODALE, PO BOX 17 TAMPA, FL	3655	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VD MACDONAI PO BOX 17 TAMPA, FL	3655	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	SD	() Delete	Title:	() Change () Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: RENEE GOODALE PTD 04/26/2002