

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

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91197 028 ****70.00

DOCUMENT # N95000001800

1. Entity Name

SURVIVORS OF STALKING, INC.



Principal Place of Business

PO BOX 173655
TAMPA FL 33672
US

Mailing Address

PO BOX 173655
TAMPA FL 33672
US

2. Principal Place of Business

P.O. Box 89791

3. Mailing Address

P.O. Box 89791

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa, Florida

City & State

Tampa, Florida

Zip

33689-0413

Country

USA

Zip

33689-0413

Country

USA

4. FEI Number 59-3308494

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ELLIS, BRIAN C
6060 RIVER TRACE
TAMPA FL 33617

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME PTD
STREET ADDRESS GOODALE, RENEE
CITY-ST-ZIP PO BOX 173655 89791
TAMPA FL 33672 33689-0413

TITLE ☐ Delete
NAME VD
STREET ADDRESS MACDONALD, MIKE
CITY-ST-ZIP PO BOX 173655 89791
TAMPA FL 33672 33689-0413

TITLE ☐ Delete
NAME SD
STREET ADDRESS DIAL, TERESA
CITY-ST-ZIP PO BOX 173655 89791
TAMPA FL 33672 33689-0413

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 RENEE GOODALE

3-27-03 (813) 266-6083

Not For Public Use.

CR2E037 (10/02)