

DOCUMENT # N97000005137

1. Entity Name

THE ART OF BEING A WOMAN, INC.

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FILED  
Aug 21, 2000 8:00 am  
Secretary of State

08-21-2000 90205 013 \*\*\*\*61.25

Principal Place of Business

5575 WILDE OAK WAY  
SARASOTA FL 34232

Mailing Address

5575 WILDE OAK WAY  
SARASOTA FL 34232

2. Principal Place of Business

3. Mailing Address

1563 Arcadia Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SARASOTA FL

Zip

Country

34232 SI USA

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

COE, ALEXANDRA  
5575 WILDE OAK WAY  
SARASOTA FL 34232

7. Name and Address of New Registered Agent

Name: Alexandra Coe

Street Address (P.O. Box Number is Not Acceptable)  
1563 Arcadia Ave

City: SARASOTA FL Zip Code: 34232

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

Alexandra Coe

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

11 Aug 00

FILE NOW: FEE IS \$61.25  
After September 13, 2000 min. will be \$236.25

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	D	<input type="checkbox"/> Delete
NAME	DECAIRE, DEANNA	
STREET ADDRESS	265 FINCH	
CITY-ST-ZIP	ELYRIA OH	
TITLE	D	<input type="checkbox"/> Delete
NAME	COLLINS, JEANNINE	
STREET ADDRESS	5519 CALLE DEL VUARO ve	
CITY-ST-ZIP	SARASOTA FL 34242	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MCKINNON, CARMEN	
STREET ADDRESS	7733 HOLIDAY DR	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jeannine Collins	
STREET ADDRESS	1622 Summerbreeze Way	
CITY-ST-ZIP	Sarasota FL 34232	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Annie RUSSINI	
STREET ADDRESS	5221 Canterbury Dr	
CITY-ST-ZIP	SARASOTA FL 34243	
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		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11 Aug 00 379 5565

CR2E037 (5/00)