

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000000382

1. Entity Name

TOMORROW'S WOMAN, INC.

Principal Place of Business

1529 ITCHEPACKESASSA DRIVE
LAKELAND FL 33810

Mailing Address

POST OFFICE BOX 91592
LAKELAND FL 33804-1592

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3488034

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LIMA, LILLIAN
1529 ITCHEPACKESASSA DRIVE
LAKELAND FL 33810

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.

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
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME LIMA, LILLIAN ☐ Delete
STREET ADDRESS 1529 ITCHEPACKESASSA DR
CITY-ST-ZIP LAKELAND FL 33810

TITLE DC ☒ Change ☐ Addition
NAME Lillian Lima
STREET ADDRESS 1529 Itchepackesassa Dr.
CITY-ST-ZIP Lakeland, FL 33810

TITLE TD ☐ Delete
NAME LING, SEMONA
STREET ADDRESS 5653 VIBURNUM CT
CITY-ST-ZIP POLK CITY FL 33868

TITLE S/D ☒ Change ☐ Addition
NAME Semona Ling
STREET ADDRESS 5653 Viburnum Ct.
CITY-ST-ZIP Polk City, FL 33868

TITLE D ☐ Delete
NAME LIMA, JULIO
STREET ADDRESS 1529 ITCHEPACKESASSA DR
CITY-ST-ZIP LAKELAND FL 33810

TITLE W/D ☒ Change ☐ Addition
NAME Julio Lima
STREET ADDRESS 1529 Itchepackesassa Dr.
CITY-ST-ZIP Lakeland, FL 33810

TITLE SD ☐ Delete
NAME BARNES-ROSSI, PATRICIA
STREET ADDRESS 1045 POMME DEPIN LN
CITY-ST-ZIP NEW PORT RICHEY FL 34655-5627

TITLE PD ☒ Change ☐ Addition
NAME Patricia Barnes-Rossi
STREET ADDRESS 1045 Pomme Depin Ln
CITY-ST-ZIP New Port Richey, FL 34655-5627

TITLE D ☒ Delete
NAME LOPEZ, LORETTA
STREET ADDRESS 13703 N 21ST ST, APT 10
CITY-ST-ZIP TAMPA FL 33613

TITLE D ☐ Change ☒ Addition
NAME Bobby Rossi
STREET ADDRESS 1045 Pomme Depin Ln
CITY-ST-ZIP New Port Richey, FL 34655-5627

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/2/00 (863) 325-6310

CR2E037 (9/99)

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90046 047 ****61.25



DO NOT WRITE IN THIS SPACE