

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**

**Aug 08, 2000 8:00 am**  
**Secretary of State**

08-08-2000 90019 026 \*\*\*\*61.25

**DOCUMENT # N98000001820**



1. Entity Name  
**WOMEN ON THE MOVE, INCORPORATED**

Principal Place of Business 7014 N. CENTER DRIVE TAMPA FL 33604	Mailing Address 7014 N. CENTER DRIVE TAMPA FL 33604
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country	Country
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4. FEI Number <b>59-3538811</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**WALLACE, THERESA**  
**7014 N. CENTER DRIVE**  
**TAMPA FL 33604**

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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW: FEE IS \$61.25</b> After September 13, 2000 min. will be \$236.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WALLACE, THERESA</b> <b>7014 N. CENTER DRIVE</b> <b>TAMPA FL 33604</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PARHAM, JEANETTE</b> <b>1734 26 AVE.</b> <b>TAMPA FL 33605</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SIMMONS, WILLIE M</b> <b>3808 NORFOLK ST.</b> <b>TAMPA FL 33604</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>WALKER, THERESA</b> <b>7014 N CENTER DR</b> <b>TAMPA FL 33604</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPS</b> <b>PARHAM, JEANETTE</b> <b>1734 26TH AVE</b> <b>TAMPA FL 33605</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>SIMMONS, WILLIE MAE</b> <b>3808 NORFOLK ST</b> <b>TAMPA FL 33604</b> <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>THERESA WALLACE</b> <b>7014 N. CENTER DR.</b> <b>TAMPA FL 33604</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>Jeanette Parham</b> <b>17717 N 19th AVE APT C-6</b> <b>Tampa FL 33612</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>Willie M. Simmons</b> <b>3808 E. Norfolk Treas.</b> <b>Tampa FL 33604</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>THERESA WALLACE - Pres.</b> <b>7014 N. CENTER DR.</b> <b>TAMPA FL 33604</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>Jeanette Parham</b> <b>17717 N 19th AVE APT C-6</b> <b>Tampa FL 33612</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>Willie M. Simmons</b> <b>3808 E. Norfolk Treas.</b> <b>Tampa FL 33604</b>

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: *Jeanette Parham* Date: July 27, 2000 # 988-2794  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CP2E037 (5/00)