## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # N9800001820

1. Entity Name

7014 N. CENTER DRIVE

TAMPA FL 33604



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

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

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WOMEN ON THE MOVE, INCORPORATED Mailing Address Principal Place of Business

3. Mailing Address 2. Principal Place of Business

7014 N. CENTER DRIVE

TAMPA FL 33604

Suite, Apt. #, etc.		Suite, Apt. #,	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State Ci		City & State-	y & State			4FEI Number 59-3538811		oplied For	
Zip Country Zip			Country			<u> </u>		ot Applicable	
Zip Country Zip		Zip	Country		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					
		<del></del>		Name					
WALLACE, THERESA				Street Address (P.O. Box Number is Not Acceptable)					
					<del></del>	·			
7014 N. CENTER DRIVE TAMPA FL 33604			Ì			•		1	
IAMIAIL	_ 33004			City		F	Zip Cod	ie	
				<u> </u>			<u>-</u>		
8. The above	named entity submits this statement for	the purpose of char	nging its register	red office or regi	stered agent, or both	n, in the state of Florida.			
								ţ	
SIGNATURE					_				
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE									
				<del></del> -	<del></del>	<u></u>	·		
FILE NOW: FEE IS \$61.25  After September 13, 2000 min. will be \$236.25  9. Election Campaign   Trust Fund Contribut									
			Trust Fund Contribution.		Added to Fees	Departme	rtment of State		
	OSTIGERA WIE DIE				ADDITIONS (OLI	NOCE TO OFFICERS AND	DIDECTORS IN	110	
10.	OFFICERS AND DIRE		11.			ANGES TO OFFICERS AND			
TITLE	D WALLACE THERESA	☐ Del	ete TITL NAM		LESIDENT	N. 10a	Change	☐ Addition	
NAME Street Address	WALLACE, THERESA 7014 N. CENTER DRIVE		1	EET ADDRESS	terge Wi	-ar Do		ŀ	
CITY-ST-ZIP	TAMPA FL 33604			/-ST-ZIP	14 H. CEN	erent.			
TITLE	D		ete TITL		NH. PC- 43	0 /	☐ Change	Addition	
NAME -	PARHAM, JEANETTE			AE 130	anothe t	moder			
STREET ADDRESS	1734 26 AVE.		STR	EET ADDRESS	717 H 19th	AVE ADIC-6		Į	
CITY-ST-ZIP	TAMPA FL 33605		CIT	/-ST-ZIP	man It	33612			
TITLE	D	) Del	ete TITL	.E /1	Sibliant	1. Simmon	<b>₽</b> ☐ Change	Addition	
NAME	SIMMONS, WILLIE M		NAM	AE .	808 %.	Nerfolk	Trea	ا سا	
STREET ADDRESS	3808 NORFOLK ST.		STR	EET ADDRESS	A m. 100	H 33604	,=		
CITY-ST-ZIP	TAMPA FL 33604		CIT	r-st-zip	and c				
TITLE	P	☐ Del	ete TiTl	E T	Heresa Wi	runce - Pres.	Change	☐ Addition	
NAME	WALKER, THERESA		NA#	AE 3		TERDE.		}	
STREET ADDRESS	7014 N CENTER DR			EET ADDRESS					
CITY-ST-ZIP	TAMPA FL 33604			/-ST-ZIP	04. T-C. 3	3404			
TITLE	VPS	☐ Del		-	5 O.	han	Change	Addition	
NAME	PARHAM, JEANETTE		NAM	4	ruto Pa	AUL Apt C-6	(		
STREET ADDRESS CITY-ST-ZIP	1734 26TH AVE			EET ADDRESS	7/7 W 14 19	33612	•		
0111-31-2IF	TAMPA FL 33605			-01-21 Ja	mor Il	2 4366			

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 it 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.

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

SIMMONS, WILLIE MAE

3808 NORFOLK ST

**TAMPA FL 33604** 

TITLE

STREET ADDRESS

☐ Delete