2001 UNIFORM BUSINESS REPORT (UBR)

Apr 27, 2001 8:00 am Secretary of State DOCUMENT # N98000001820 WOMEN ON THE MOVE, INCORPORATED 04-27-2001 90351 027 ****61.25 Mailing Address Principal Place of Business 7014 N. CENTER DRIVE 7014 N. CENTER DRIVE **TAMPA FL 33604** TAMPA FL 33604 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3538811 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) WALLACE, THERESA 7014 N. CENTER DRIVE TAMPA FL 33604 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 (NOTE: Registered Agent signature required when reinstating) DATE Stanature, typed or printed name of registered agent and title if applicable Make Check Payable to 9. Election Campaign Financing FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME WALLACE, THERESA STREET ADDRESS STREET ADDRESS 7014 N. CENTER DRIVE CITY-ST-ZIP CITY-ST-7IP TAMPA FL 33604 ☐ Change Addition TITLE D ☐ Delete TITLE NAME NAME PARHAM, JEANETTE STREET ADDRESS STREET ADDRESS 1734 26 AVE. CITY-ST-ZIP CITY-ST-7IF **TAMPA FL 33605** ☐ Change ☐ Addition TITLE TITLE D ☐ Delete NAME SIMMONS, WILLIE M NAME STREET ADDRESS STREET ADDRESS 3808 NORFOLK ST. CITY-ST-ZIP CITY-ST-ZIF **TAMPA FL 33604** ☐ Delete ☐ Addition TITLE Change Change TITLE NAME NAME WALKER, THERESA STREET ADDRESS STREET ADDRESS 7014 N CENTER DR CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33604 ☐ Addition Change Change **VPS** ☐ Delete TITLE TITLE NAME PARHAM, JEANETTE NAME STREET ADDRESS STREET ADDRESS 1734 26TH AVE CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33605** ☐ Addition ☐ Change TITLE ☐ Delete TITLE SIMMONS, WILLIE MAE NAME NAME STREET ADDRESS STREET ADDRESS 3808 NORFOLK ST CITY-ST-7IP CITY-ST-ZIP **TAMPA FL 33604** 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 of trustee empowered to execute this ceport 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #