

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 27, 2001 8:00 am**  
**Secretary of State**

04-27-2001 90351 027 \*\*\*\*61.25

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**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

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

**59-3538811**

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

**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 \_\_\_\_\_  
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	<b>D</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WALLACE, THERESA</b>		NAME		
STREET ADDRESS	<b>7014 N. CENTER DRIVE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>TAMPA FL 33604</b>		CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PARHAM, JEANETTE</b>		NAME		
STREET ADDRESS	<b>1734 26 AVE.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>TAMPA FL 33605</b>		CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SIMMONS, WILLIE M</b>		NAME		
STREET ADDRESS	<b>3808 NORFOLK ST.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>TAMPA FL 33604</b>		CITY-ST-ZIP		
TITLE	<b>P</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WALKER, THERESA</b>		NAME		
STREET ADDRESS	<b>7014 N CENTER DR</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>TAMPA FL 33604</b>		CITY-ST-ZIP		
TITLE	<b>VPS</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PARHAM, JEANETTE</b>		NAME		
STREET ADDRESS	<b>1734 26TH AVE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>TAMPA FL 33605</b>		CITY-ST-ZIP		
TITLE	<b>T</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SIMMONS, WILLIE MAE</b>		NAME		
STREET ADDRESS	<b>3808 NORFOLK ST</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>TAMPA FL 33604</b>		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: *Theresa Walker* **4/11/01**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)