

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91309 034 ****70.00

DOCUMENT # N99000004644

1. Entity Name

THE DIRECTIONAL CHANGE, INC

Principal Place of Business

**3796 S.W. 40TH STREET
 HOLLYWOOD FL 33020**

Mailing Address

**3796 S.W. 40TH STREET
 HOLLYWOOD FL 33020**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**ELLIOTT, BONITA L
 3796 S.W. 40TH STREET
 HOLLYWOOD FL 33020**

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

TITLE **PD** ☐ Delete
 NAME **HILL, ROSE A**
 STREET ADDRESS **715 SPRINGSAX ROAD**
 CITY-ST-ZIP **TALLAHASSEE FL 32310**

TITLE **TSD** ☐ Delete
 NAME **AMOS, BERNADETTE**
 STREET ADDRESS **2756 CEDARWOOD PLACE**
 CITY-ST-ZIP **THOUSAND OAKS CA 91362**

TITLE **CD** ☐ Delete
 NAME **ELLIOTT, GEARLD**
 STREET ADDRESS **3206 BUNCH DRIVE X**
 CITY-ST-ZIP **TALLAHASSEE FL 32304**

TITLE **MDD** ☐ Delete
 NAME **ELLIOTT, CHARLES**
 STREET ADDRESS **8884 SW 24 PLACE**
 CITY-ST-ZIP **MIRAMAR FL 33024**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
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 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:

BONITA L ELLIOTT

5/11/01 954-966-8037

CR2E037 (10/00)