

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90149 047 ***150.00

DOCUMENT # P00000051912

1. Entity Name
CHANGING DIRECTIONS OF AMERICA, INC.



Principal Place of Business
5221 SATEL DR
ORLANDO FL 32810

Mailing Address
P.O. BOX 222
GOLDENROD FL 32733



2. Principal Place of Business

3. Mailing Address

5104 N. Orange Blossom Trail

Suite, Apt. #, etc.

Suite 108

City & State

Orlando FL

Zip

32810

Country

ORANGE

Country

4. FEI Number 59-3650750

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROBINSON, MONICA D
160 MASTERS BLVD.
WINTER PARK FL 32792

Name: ROBINSON, Monica D.
Street Address (P.O. Box Number is Not Acceptable)
3865 Becontree Pl.

City: Orlando

FL

Zip Code 32765

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **4/21/03**

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ **Delete**
NAME **PIERROT, MONICA**
STREET ADDRESS **5221 SATE DRIVE**
CITY-ST-ZIP **ORLANDO FL 32810**

TITLE **ROBINSON, Monica** ☒ **Change** ☐ **Addition**
NAME **5104 N. Orange Blossom Trail**
STREET ADDRESS **Suite 108 Orlando, FL. 32810**
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
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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 607, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)