

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000096680

1. Entity Name
SISTERZ, INC.

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90030 026 ***150.00

0009782

Principal Place of Business
30 PARKRIDGE WAY
ORMOND BEACH FL 32174

Mailing Address
30 PARKRIDGE WAY
ORMOND BEACH FL 32174

974674



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

59-3677619

Not Applicable

Zip

Country

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

BERNOT, PATRICIA M
2101 SAXON DRIVE
NEW SMYRNA BEACH FL 32169

Name
CHRISTINA L. KELSO
Street Address (P.O. Box Number is Not Acceptable)
30 PARKRIDGE WAY

City
ORMOND BEACH, FL Zip Code
32174

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 Christina L. Kelso CHRISTINA L. KELSO 4/30/01
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME BERNOT, PATRICIA M
STREET ADDRESS 2101 SAXON DRIVE
CITY-ST-ZIP NEW SMYRNA BEACH FL 32169 ☒ Delete

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

TITLE VD
NAME WISEMAN, ROBERTA S
STREET ADDRESS 883 E. COLONIAL CIRCLE
CITY-ST-ZIP DAYTONA BEACH FL 32117 ☐ Delete

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

TITLE ~~STD~~ PRESIDENT
NAME KELSO, CHRISTINA L
STREET ADDRESS 30 PARKRIDGE WAY
CITY-ST-ZIP ORMOND BEACH FL 32174 ☐ Delete

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

TITLE SECRETARY
NAME MORGADO, SUSAN
STREET ADDRESS 13725 DEVLIN COURT
CITY-ST-ZIP ORLANDO, FL 32835 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Christina L. Kelso
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01 386-257-2026
Date Daytime Phone #

CR2E034 (10/00)