

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2002 8:00 am
Secretary of State

03-27-2002 90045 018 ***150.00

DOCUMENT # P00000117129

1. Entity Name
MOTHERS ALMANAC, INC.

Principal Place of Business

40 E. OSCEOLA STREET
STUART FL 34994

Mailing Address

40 E. OSCEOLA STREET
STUART FL 34994

00000000

2. Principal Place of Business
600 Caledonia Place

Suite, Apt. #, etc.

3. Mailing Address
600 Caledonia Place

Suite, Apt. #, etc.

City & State
Sanford, FL

Zip
33771

Country

City & State
Sanford, FL

Zip
33771

Country

4. FEI Number **01-0624136**
APPLIED FOR

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

FLOWERS, ROBERT J
40 E. OSCEOLA STREET
STUART FL 34994

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

400 Flamingo Avenue

City
Stuart

FL

Zip Code
34996

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

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **FIELDING, SHAMIRA**
CITY-ST-ZIP **14 COPAIRE ROAD**
STUART FL 34996

TITLE ☐ Delete
NAME **SD**
STREET ADDRESS **REUBEN, SAMUEL**
CITY-ST-ZIP **14 COPAIRE RD**
STUART FL 34996

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **600 Caledonia Place**
CITY-ST-ZIP **Sanford, FL 33771**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **600 Caledonia Place**
CITY-ST-ZIP **Sanford, FL 33771**

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

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NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

S. Fielding SHAMIRA FIELDING

3/13/02

407-330-4300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)