2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## FILED May 05, 2003 8:00 am Secretary of State

DOCUMENT # FOOOOO117129-11 MOTHERS ALMANA C INC.					Secretary of State 05-05-2003 91772 006 ***150.00		
Principal Place of Business 600 CALEDONIA PLACE SANFORD FL 32771		Mailing Address  600 CALEDONIA PLACE SANFORD FL 32771					
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES		
City & State		City & State			4. FEI Number		ခုစုiied For ot Applicable
Zip	Country	Zip	Country		5. Certificate of Status Desired	\$8.75 Ad Fee Require	ditional ed
	6. Name and Address of Currer	nt Registered Agent			7. Name and Address of New Registere	d Agent	
- Name					and the state of t		
600 CALEDONIA PLACE				et Address (P.	P.O. Box Number is Not Acceptable)		
SANFORD FL 32771						<del></del>	
•			City	City FL Zip Code		le	
SIGNATURE .	Signature. typed or printed name of registered ages  LE NOWILL FEE IS \$150.00 Signature.  May 1, 2003 Fee will be \$550.00 Payable to Florida Department.		: Registered Agent s	signature required w	when reinstating)  DATE  P. 1:9.* Election Campaign Financing Trust Fund Contribution.	\$5.0	3. 00 May Be
10.	OFFICERS AND	(4) (4) (4) (4) (4) (4) (4) (4) (4) (4)	<b>1π.</b> 33	as in the	PADDITIONS/CHANGES TO OFFICERS AN	NO DIRECTOR	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FIELDING, ROGER 600 CALEDONIA PLACE SANFORD FL 32771	☐ Delete	TITLE NAME STREET ADDR CITY-ST-ZIP	ESS		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FIELDING, SHAMIRA 600 CALEDONIA PLACE SANFORD FL 32771	☐ Delete	TITLE NAME STREET ADDRI CITY-ST-ZIP			☐ Change	Addition
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CITY-ST-ZIP	·		CITY-ST-ZIP	<u> </u>			
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRE	ess		☐ Change	☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRE CITY-ST-ZIP		tion 119 07/3Vi) Florida Statutos I further o	Change	Addition

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 of hystee 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 attantiment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TIPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

price 26/03.
Description Phone is