

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **PO1000020752**

1. Entity Name

A woman of Substance, Inc.



FILED

03 FEB -6 AM 11:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000012778540

02/19/03--01008--007 **150.00

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4554 N. UNIVERSITY DR

Suite, Apt. #, etc.

3. Mailing Address

4554 N. UNIVERSITY DR

Suite, Apt. #, etc.

City & State

LAUDERHILL FL

City & State

LAUDERHILL FL

Zip

33351

Country

USA

Zip

33351

Country

USA

4. FEI Number

65-107 9543

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

LORRAINE M. THOMAS

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

4204 NW 88th AVE

APT #109

City

SUNRISE

FL

Zip Code
33351

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

Lorraine M. Thomas
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

1/28/03
DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**LORRAINE M. THOMAS
4204 NW 88th AVE #109
SUNRISE FL 33351**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Lorraine M. Thomas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954-578-7877

Daytime Phone

1/28/03
Date

CR2034B (12/02)

js 2/12/03