

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2002 8:00 am
Secretary of State

02-13-2002 90209 016 ***150.00

DOCUMENT # P01000047645

1. Entity Name

A PLACE FOR WOMEN IN PASCO COUNTY, INC.

Principal Place of Business

Mailing Address

% SHIELA BAHN, MD
 38240 DAUGHTERY RD., SUITE 4
 ZEPHYRHILLS FL 33540

% SHIELA BAHN, MD
 38240 DAUGHTERY RD., SUITE 4
 ZEPHYRHILLS FL 33540

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3727619

Applied For

Not Applicable

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

BAHN, SHIELA
235 S MATILAND AVE STE 206
MATLAND FL 32751

Name

Bahn, Shiela A.

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

38240 Daughtery Road Suite 4

A Place For Women In Pasco County

City

Zephyrhills

FL

Zip Code

33540

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

Shiela A. Bahn

President

1-25-02

(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
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President**
 NAME **Shiela A. Bahn, MD**
 STREET ADDRESS **A Place for Women Suite 4**
 CITY-ST-ZIP **38240 Daughtery Rd Zephyrhills FL 33541**

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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: *Shiela A. Bahn*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-02
 Date

813-780-7111
 Daytime Phone #

CR2E034 (9/01)