

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90087 027 ***150.00

DOCUMENT # P01000056255

1. Entity Name
INCOGNITO MATERNITY, INC.

Principal Place of Business
437 E MONROE ST STE 202
JACKSONVILLE FL 32202

Mailing Address
437 E MONROE ST STE 202
JACKSONVILLE FL 32202

2. Principal Place of Business

3976 South Third St.

Suite, Apt. #, etc.

3. Mailing Address

3976 South Third St.

Suite, Apt. #, etc.

City & State
Jacksonville Bch, FL

City & State
Jacksonville Bch, FL

4. FEI Number
593722538

Applied For
Not Applicable

Zip

Country

32250

USA

Zip

Country

32250

USA

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

6. Name and Address of Current Registered Agent

BROOKS, MICHAEL L

437 E MONROE ST STE 202
JACKSONVILLE FL 32202

7. Name and Address of New Registered Agent

Name **Nicole Hakes**

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

3976 South Third Street

City

Jacksonville Beach, FL

Zip Code

32250

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]*
 Signature, typed or printed name of registered agent and title if applicable.

Nicole Hakes, President 4/25/02
 (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 ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE **D** ☒ **Delete**
NAME **BROOKS, MICHAEL L**
STREET ADDRESS **437 E MONROE ST STE 202**
CITY-ST-ZIP **JACKSONVILLE FL 32202**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
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CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **~~President~~ President** ☐ **Change** ☒ **Addition**
NAME **Nicole Hakes**
STREET ADDRESS **3976 S. 3rd St.**
CITY-ST-ZIP **Jacksonville Bch, FL 32250**

TITLE **Vice President** ☐ **Change** ☒ **Addition**
NAME **Christine Gracy**
STREET ADDRESS **3976 S. 3rd St.**
CITY-ST-ZIP **Jacksonville Bch, FL 32250**

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

TITLE ☐ **Change** ☐ **Addition**
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TITLE ☐ **Change** ☐ **Addition**
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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: *[Signature]* **Nicole Hakes** **4/25/02** **904.249.8894**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **DATE** **Daytime Phone #**

CR2E034 (9/01)