

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90235 030 ***150.00

DOCUMENT # P01000079626

1. Entity Name
CIRCLE OF LIFE MIDWIFERY CARE, INC.



Principal Place of Business
**1670 STICKNEY POINT RD
SARASOTA FL 34231**

Mailing Address
**1670 STICKNEY POINT RD
SARASOTA FL 34231**

2. Principal Place of Business
3667 Bahia Vista St.
Suite, Apt. #, etc.

3. Mailing Address
3667 Bahia Vista
Suite, Apt. #, etc.

City & State
Sarasota FL

City & State
Sarasota FL

4. FEI Number
65-1144812

Applied For
☐ Not Applicable

Zip
34232

Country

Zip
34232

Country

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

6. Name and Address of Current Registered Agent

**SCHUMACHER, HEIDI
5023 BARRINGTON CIRCLE
SARASOTA FL 34234**

7. Name and Address of New Registered Agent

Name

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

5031 Barrington Circle

City **Sarasota**

FL

Zip Code
34234

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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 **D** ☐ Delete
NAME **SCHUMACHER, HEIDI**
STREET ADDRESS **5023 BARRINGTON CIRCLE**
CITY-ST-ZIP **SARASOTA FL 34234**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Change ☐ Addition
NAME **Heidi Dahlborg**
STREET ADDRESS **5031 Barrington Circle**
CITY-ST-ZIP **Sarasota Florida 34234**

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

TITLE ☐ Change ☐ Addition
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-10-03 941-504-442

CRE034 (10/02)