

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 04, 2002 8:00 am
Secretary of State

09-04-2002 90093 016 ***150.00

DOCUMENT # P01000099000
 1. Entity Name
FEMLINE, INC.

Principal Place of Business
22823 HAWK HILL LOOP
LAND O LAKES FL 34639

Mailing Address
22823 HAWK HILL LOOP
LAND O LAKES FL 34639



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
22823 Hawk Hill Loop

3. Mailing Address
PMB 313

Suite, Apt. #, etc.
23110 SR54

City & State
Land O Lakes FL

City & State
Lutz, FL

4. FEL Number
59-374-8740

Applied For
 Not Applicable

Zip
34639

Country
USA

Zip
33549

Country
USA

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

6. Name and Address of Current Registered Agent

KARAFILIS, CINDY
22823 HAWK HILL LOOP
LAND O LAKES FL 34639

7. Name and Address of New Registered Agent

Name _____

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

City _____ **FL** Zip Code _____

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: *Cindy Karafilis* **Cindy Karafilis** *8/27/02*

Signature, typed or printed name of registered agent and title if applicable. (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 \$550.00
After September 13, 2002 Fee will be \$750.00
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

TITLE	D	<input type="checkbox"/> Delete
NAME	KARAFILIS, CINDY	
STREET ADDRESS	22823 HAWK HILL LOOP	
CITY-ST-ZIP	LAND O LAKES FL 34639	
TITLE	PS	<input type="checkbox"/> Delete
NAME	KARAFILIS, CINDY	
STREET ADDRESS	22823 HAWK HILL LOOP	
CITY-ST-ZIP	LAND O LAKES FL 34639	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Cindy Karafilis* **Cindy Karafilis** *8/27/02*

Signature and typed or printed name of signing officer or director Date **(813) 996-7033**

CR2E034 (4/02)

Attachment
Doc. # PO 1000099000
978124

August 26, 2002

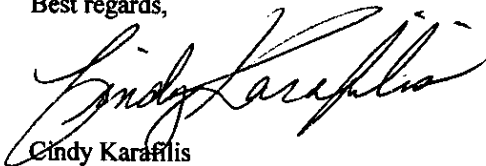
Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Dear Madam / Sir,

I have been out of the country and was not made aware of the contents of this documentation until today.

Please waive the penalty for this year. I will be more diligent in filing such state related documentation in the future.

Best regards,



Cindy Karafilis
femline inc.

(813) 996-6033