

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 26, 2003 8:00 am**  
**Secretary of State**

03-26-2003 90179 020 \*\*\*150.00

**DOCUMENT # P02000002043**

1. Entity Name  
**ENDURAGIRLS, INC.**



Principal Place of Business  
**11518 LANDING PLACE #A-3  
N PALM BEACH FL 33408**

Mailing Address  
**11518 LANDING PLACE #A-3  
N PALM BEACH FL 33408**

2. Principal Place of Business

**11518 Landing Place**

3. Mailing Address

**11518 Landing Place**

Suite, Apt. #, etc.

**#A-4**

Suite, Apt. #, etc.

**#A-4**

City & State

**North Palm Beach FL**

City & State

**North Palm Beach FL**

Zip

**33408**

Country

**USA**

Zip

**33408**

Country

**USA**

4. FEI Number

**30-0012091**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATE CREATIONS NETWORK INC.  
941 4TH ST #200  
MIAMI BEACH FL 33139**

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

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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SHEA, MARGARET R</b>	
STREET ADDRESS	<b>11518 LANDING PLACE #A-3</b>	
CITY-ST-ZIP	<b>N PALM BEACH FL 33408</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BIRSINGER, PAM</b>	
STREET ADDRESS	<b>11518 LANDING PLACE #A-3</b>	
CITY-ST-ZIP	<b>N PALM BEACH FL 33408</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>EDWARDS, EMILY</b>	
STREET ADDRESS	<b>11518 LANDING PLACE #A-3</b>	
CITY-ST-ZIP	<b>N PALM BEACH FL 33408</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>FRENCH, SUSAN</b>	
STREET ADDRESS	<b>11518 LANDING PLACE #A-3</b>	
CITY-ST-ZIP	<b>N PALM BEACH FL 33408</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>LINTON, KRISTIN</b>	
STREET ADDRESS	<b>11518 LANDING PLACE #A-3</b>	
CITY-ST-ZIP	<b>N PALM BEACH FL 33408</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MCGRATH, CAROL</b>	
STREET ADDRESS	<b>11518 LANDING PLACE #A-3</b>	
CITY-ST-ZIP	<b>N PALM BEACH FL 33408</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>5473 SE Inlet Place</b>
STREET ADDRESS	<b>Stuart, FL 34997</b>
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Pam Figoras</b>
STREET ADDRESS	<b>11518 Landing Place #A-4</b>
CITY-ST-ZIP	<b>North Palm Beach, FL 33408</b>
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>11518 Landing Place #A-4</b>
STREET ADDRESS	<b>North Palm Beach FL 33408</b>
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>11518 Landing Place #A-4</b>
STREET ADDRESS	<b>North Palm Beach FL 33408</b>
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>11518 Landing Place #A-4</b>
STREET ADDRESS	<b>North Palm Beach FL 33408</b>
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>11518 Landing Place #A-4</b>
STREET ADDRESS	<b>North Palm Beach FL 33408</b>
CITY-ST-ZIP	

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:

**CAROL MCGRATH**

**3/16/03**

Daytime Phone #

CR2E034 (10/02)