

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90216 021 ***150.00

DOCUMENT # **095000014659**
 Entity Name
Birth Partners, Inc.

Principal Place of Business
1810 Craven Dr.
P.O. Box 828
Seffner FL 33583

Mailing Address
P.O. Box 828
Seffner, FL 33583

Principal Place of Business
1810 Craven Dr.
 Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 828
 Suite, Apt. #, etc.

City & State
Seffner FL

City & State
Seffner FL

Zip
33584

Country
Hillsborough

Zip
33583

Country
Hillsborough

4. FEI Number
593306975

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

Name
Neal Kahle

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

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.

SIGNATURE

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 \$150.00
After MAY 1, 2000 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
President Director	Marcia Farmer	1810 Craven Dr.	Seffner FL 33584	☐
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change	☐ Addition
TITLE <td>NAME <td>STREET ADDRESS <td>CITY-ST-ZIP</td> <td>☐ Change</td> <td>☐ Addition</td> </td></td>	NAME <td>STREET ADDRESS <td>CITY-ST-ZIP</td> <td>☐ Change</td> <td>☐ Addition</td> </td>	STREET ADDRESS <td>CITY-ST-ZIP</td> <td>☐ Change</td> <td>☐ Addition</td>	CITY-ST-ZIP	☐ Change	☐ Addition
TITLE <td>NAME <td>STREET ADDRESS <td>CITY-ST-ZIP</td> <td>☐ Change</td> <td>☐ Addition</td> </td></td>	NAME <td>STREET ADDRESS <td>CITY-ST-ZIP</td> <td>☐ Change</td> <td>☐ Addition</td> </td>	STREET ADDRESS <td>CITY-ST-ZIP</td> <td>☐ Change</td> <td>☐ Addition</td>	CITY-ST-ZIP	☐ Change	☐ Addition
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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, assignee, or other person authorized 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.

SIGNATURE: **Marcia Farmer**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

File number

4/29/00
813-643-8892