2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State
05-23-2001 91005 042 ***150.00

DOCUMENT # P95000014659

1. Entity Name
Birth Partners, Inc.

Principal Place of Business | Mailing Address

ONLY ONE CHANGE: MY LAST NAME DUE TO MARRIAGE 9/1/00. MA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business | 3. Mailing Address
Suite, Apt. #, etc. | Suite, Apt. #, etc.
City & State | City & State
Zip | Country | Zip | Country

4. FEI Number 59-3306975 ☐ 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
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.

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, 2001 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Marcia R. (Farmer) Simmons P.O. Box 828 Seffner, FL 33583 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (11/00)

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: Marcia R. Simmons Marcia R. Simmons
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment # 553559

* Everything remains unchanged except my last name, due to marriage 09/01/00. Change to Marcia R. Simmons 553559

****

****

4/30/01 CORPORATE DETAIL RECORD SCREEN 12:10 P

NUM: P95000014659 ST:FL ACTIVE/FL PROFIT FLD: 02/21/1995
FEI#: 59-3306975
NAME : BIRTH PARTNERS, INC.
PRINCIPAL: P.O. BOX 828 CHANGED: 05/08/00
ADDRESS 1810 CRAVEN DRIVE
SEFFNER, FL 33583
MAILING : P.O. BOX 828 CHANGED: 05/06/99
ADDRESS SEFFNER, FL 33583
RA NAME : KAHLE, NEILL R JRESQ NAME CHG: 05/06/99
RA ADDR : C/O SHACKLEFORD, FARRIOR, STALINGS & EVANS ADDR CHG: 04/21/97
501 E. KENNEDY BLVD., SUITE 1400
TAMPA, FL 33602 US
ANN REP : (1998) BN 05/15/98 (1999) AN 05/06/99 (2000) AY 05/08/00

4/30/01 OFFICER/DIRECTOR DETAIL SCREEN 12:10 P

CORP NUMBER: P95000014659 CORP NAME: BIRTH PARTNERS, INC.
TITLE: D NAME: ~~FARMER, MARCIA~~ Marcia R. Simmons
P.O. BOX 828 N/A
SEFFNER, FL 3358~~2~~3

----- THIS IS NOT OFFICIAL RECORD; SEE DOCUMENTS IF QUESTION OR CONFLICT ---