

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000057021

1. Entity Name

ONE LAZY WOMAN, INC.

FILED
May 13, 2000 8:00 am
Secretary of State

05-13-2000 90013 007 ***150.00

Principal Place of Business

210 SE 16 TERR.
CAPE CORAL FL 33990
33990

Mailing Address

210 SE 16 TERR.
CAPE CORAL FL 33990-2070

C0088444



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

~~210 SE 16 TERR.~~
Suite, Apt. #, etc.
210 SE 16 TERRIS
City & State
CAPE CORAL, FL
Zip
33990

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0598565

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

O'NEIL, PENNY B

210 SE 16 TER

CAPE CORAL FL 33990
33990

7. Name and Address of New Registered Agent

Name

O'NEIL, Penny B

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

210 SE 16 TERRIS

City

CAPE CORAL

FL

Zip Code

33990

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

Penny O'Neil Penny O'Neil

4/11/2000

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	D	<input type="checkbox"/> Delete
NAME	O'NEIL, PENNY B	
STREET ADDRESS	3636 DEL PRADO BLVD	
CITY-ST-ZIP	CAPE CORAL FL 33904	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	210 SE 16 TERR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cape Coral, FL	
STREET ADDRESS	33990	
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		
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:

Penny O'Neil Penny O'NEIL

4/11/2000

Daytime Phone #

(941)

5737770

CR2E034 (9/99)