

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91202 039 ***150.00

DOCUMENT # P95000057021

1. Entity Name
ONE LAZY WOMAN, INC.



Principal Place of Business
**210 SE 16 TERR.
CAPE CORAL FL 33990**

Mailing Address
**210 SE 16 TERR.
CAPE CORAL FL 33904**



2. Principal Place of Business

4122 SW 23 PL

3. Mailing Address

4122 SW 23 PL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
Cape Coral, FL

Zip
33914

Country
USA

City & State
Cape Coral, FL

Zip
33914

Country
USA

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

7. Name and Address of New Registered Agent

O'NEIL, PENNY B
210 SE 16 TERR 4122 SW 23 PL
CAPE CORAL FL 33990
33914

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 **Penny B O'Neil**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-18-03
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **O'NEIL, PENNY B**
STREET ADDRESS **210 SE 16TH TERRACE**
CITY-ST-ZIP **CAPE CORAL FL 33990**

TITLE **D** ☒ Change ☐ Addition
NAME **O'Neil, Penny B.**
STREET ADDRESS **4122 SW 23 PL**
CITY-ST-ZIP **Cape Coral, FL 33914**

TITLE **D** ☐ Delete
NAME **O'NEIL, GENE**
STREET ADDRESS **210 SE 16 TERR**
CITY-ST-ZIP **CAPE CORAL FL 33990**

TITLE **D** ☒ Change ☐ Addition
NAME **O'Neil, GENE**
STREET ADDRESS **4122 SW 23 PL**
CITY-ST-ZIP **Cape Coral, FL 33914**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: **Gene O'Neil**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/03 239-573-7770
Date Daytime Phone #

CR2E034 (10/02)