

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **FG6000061634**

1. Entity Name

**Sisters In The Pot, Inc.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 APR 26 PM 1:02

Principal Place of Business

Mailing Address

**2717 Old Dixie Hwy 1361 9th Ct  
Riviera Bch, Fl. 33404 W.P.B., Fl. 33401  
US US**

2. Principal Place of Business

3. Mailing Address

**2717 Old Dixie Hwy**

**1361 9th Ct**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Riviera Bch. Fl.**

City & State

**W.P.B., Fl.**

4. FEI Number

**65-0684394**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**Cooper Cynthia  
1361 9th Ct  
W.P.B., Fl. 33401**

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 **Cynthia Cooper**

**4/19/00**

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	<b>President Theresa C. Cooper 3301 Wedgeway Wood Plz. Dr. Riviera Bch Fl. 33404</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President Patricia Mowoe 1361 9th Ct W.P.B., Fl. 33401</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary Treasurer 1361 9th Ct W.P.B. Fl. 33401</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President Patricia C. Mowoe 1361 9th Ct W.P.B., Fl. 33401</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President Sandra Cooper 1361 9th Ct W.P.B., Fl. 33401</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Ther Sec/Trea Theresa Cooper 1001 36th St Apt 1-17 W.P.B., Fl. 33404</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>900003249239-0 -05/12/00-01005-005 ****300.00 ****300.00</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Sandra Cooper**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/19/00** (361) 659-7100

Date

Daytime Phone #

014 (9/99)