

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90398 015 ***150.00

DOCUMENT # P96000061634

1. Entity Name

SISTERS IN THE POT, INC.

Principal Place of Business

**2717 OLD DIXIE HWY
 RIVIERA BEACH FL 33404
 US**

Mailing Address

**3845 INVESTMENT LN.
 BAY #2
 RIVIERA BEACH FL 33404
 US**

2. Principal Place of Business

3845 Investment Ln

3. Mailing Address

Suite, Apt. #, etc.

Bay #2 - Riv Bch

City & State

FL 33404

Zip

Country

Palm Bch

Zip

Country

4. FEI Number

65-0684394

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**COOPER, CYNTHIA
 1361 9TH CT.
 WEST PALM BEACH 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

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, 2002 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 **P** ☒ Delete
 NAME **COOPER, PATRICIA**
 STREET ADDRESS **1361 9TH CT**
 CITY-ST-ZIP **W.P.B. FL 33401**

TITLE **ST** ☒ Delete
 NAME **COOPER, SANDRA**
 STREET ADDRESS **1361 9TH CT**
 CITY-ST-ZIP **W.P.B. FL 33401**

TITLE **V** ☒ Delete
 NAME **COOPER, THERESA**
 STREET ADDRESS **1001 36TH ST APT. I-NN**
 CITY-ST-ZIP **WEST PALM BEACH FL 33401**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
 NAME **SANDRA Z. Cooper**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **T** ☒ Change ☐ Addition
 NAME **Patricia C. Mowce**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **S** ☒ Change ☐ Addition
 NAME **Theresa C. Cooper**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Sandra Cooper **REQUI** **Sandra Cooper**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/04/02

Date

(604) 689-7100

Daytime Phone #

CR2E034 (9/01)