

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2001 8:00 am
Secretary of State

05-19-2001 90272 003 ***150.00

DOCUMENT # P98000011036

1. Entity Name
TABITHA'S HOUSE INC.

Principal Place of Business Mailing Address
 1265 S. MISSOURI AVE. 1265 S. MISSOURI AVE.
 CLEARWATER FL 33756 CLEARWATER FL 33756

2. Principal Place of Business 3. Mailing Address
1574 Souvenir Dr **1574 Souvenir Dr**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Clearwater, FL **Clearwater, FL**
 Zip Country Zip Country
33755 **USA** **33755** **USA**

4. FEI Number **59-3503464** 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

SMITH, PAMELA K
1574 SOUVENIR DR.
CLEARWATER FL 33755

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	P	<input type="checkbox"/> Delete
NAME	SMITH, PAMELA	
STREET ADDRESS	1574 SOUVENIR DR.	
CITY-ST-ZIP	CLEARWATER FL 33755	
TITLE	CEO	<input type="checkbox"/> Delete
NAME	JARVIS, ANNE	
STREET ADDRESS	554-6TH ST. SW	
CITY-ST-ZIP	LARGO FL	
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"/> Change <input type="checkbox"/> Addition
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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: *Pamela K. Smith* *Pamela K. Smith* 4/26/01 (727) 446-4656
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)