

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90102 040 ***150.00

DOCUMENT # P98000027820

1. Entity Name

SPECIAL DELIVERY CHILDBIRTH SERVICES, INC.

Principal Place of Business

370 WHOOPING LOOP, SUITE 1150
 ALTAMONTE SPRINGS FL 32701

Mailing Address

370 WHOOPING LOOP, SUITE 1150
 ALTAMONTE SPRINGS FL 32701-3451

2. Principal Place of Business

370 Center Pointe Circle

Suite, Apt. #, etc.

SUITE 1150

City & State
 Altamonte Springs

Zip
 32701

Country
 Seminole

3. Mailing Address

370 Center Pointe Circle

Suite, Apt. #, etc.

SUITE 1150

City & State
 Altamonte Springs

Zip
 32701

Country
 Seminole



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3515577

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DEER, LYNN EDEN
 1987 LAKE EMMA RD
 LONGWOOD FL 32751

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, 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	PT <input type="checkbox"/> Delete
NAME	DEER, LYNN EDEN
STREET ADDRESS	1987 LAKE EMMA ROAD
CITY-ST-ZIP	LONGWOOD FL 32750
TITLE	VS <input type="checkbox"/> Delete
NAME	MCLAUGHLIN, MICHELLE
STREET ADDRESS	5076 EAST OHIO AVE.
CITY-ST-ZIP	SANFORD FL 32771
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	<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:

Lynn Eden Deer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/00

Date

407.339.2777

Daytime Phone #

CR2E034 (9/99)