

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000027820

1. Entity Name

SPECIAL DELIVERY CHILDBIRTH SERVICES, INC.

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90024 041 ***150.00

Principal Place of Business

370 CENTER POINT CIRCLE, SUITE 1150
ALTAMONTE SPRINGS FL 32701

Mailing Address

370 CENTER POINT CIRCLE, SUITE 1150
ALTAMONTE SPRINGS FL 32701

2. Principal Place of Business

370 Center Point Circle

Suite, Apt. #, etc.

Suite 1150

City & State

Altamonte Springs FL

Zip

32701

Country USA

Seminole

3. Mailing Address

370 Center Point Circle

Suite, Apt. #, etc.

Suite 1150

City & State

Altamonte Springs FL

Zip

32701

Country USA

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 Lynn Eden DEER, JRM
Signature, typed or printed name of registered agent and title if applicable.

LYNN EDEN DEER 4/17/01

(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, 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

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
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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	
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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: Michelle McLaughlin MICHELLE McLaughlin 4/17/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

407-339-2777

CR2E034 (10/00)