

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **Pa80000053076**

1. Entity Name

The Change, Inc.

FILED

01 MAY 17 PM 2:09

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

LS

00-01

REINSTATEMENT

Principal Place of Business Mailing Address
4507 Furling Lane, Suite 109 Destin, Florida 32541 **4507 Furling Lane, Suite 109 Destin, Florida 32541**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3528997

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

**R. Scott Whitehead, Esq.
Weimorts & Whitehead, P.A.
4507 Furling Lane, Suite 209
Destin, Florida 32541**

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

R. Scott Whitehead, Esq.

5/16/01

Signature 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, 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 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
**President
Deborah Vizzina
124 Tuscany Drive Destin, FL 32541**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
**600004287426-
-05/22/01--01074--012
*****900.00 *****900.00**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
**Secretary/Treasurer
Marilyn Boykin
229 Calusa Blvd.
Destin, Florida 32541**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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:

Deborah Vizzina

Deborah Vizzina

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/16/01
Date

850-650-6444
Daytime Phone #

CR2E034 (1/00)