

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91117 043 ***150.00

DOCUMENT # P99000046280

1. Entity Name
THE QUEENS MAIDS OF BOCA, INC.

Principal Place of Business

**215 NO. FED HWY #63
BOCA RATON FL 33432**

Mailing Address

**215 NO. FED HWY #63
BOCA RATON FL 33432**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**2121 NO. OCEAN BLVD
Suite, Apt. #, etc.
1006E**

3. Mailing Address

**2121 NO OCEAN BLVD
Suite, Apt. #, etc.
1006E**

City & State
BOCA RATON FL.

City & State
BOCA RATON FL.

4. FEI Number
65-0919100

Applied For
Not Applicable

Zip
33431 Country
PALM BEH

Zip
33431 Country
PALM BEH

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ROCHE, THOMAS
2498 DATE PALM ROAD
BOCA RATON FL 33432**

7. Name and Address of New Registered Agent

Name
KATHRYN CHRISTOPH
Street Address (P.O. Box Numbers Not Acceptable)
**2121 NO OCEAN BLVD.
1006E**
City
BOCA RATON FL Zip Code
33431

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 **KATHRYN CHRISTOPH** DATE **04-26-02**
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, 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 NAME STREET ADDRESS CITY-ST-ZIP	DVP CHRISTOPH, KATHRYN E 1887 HONLOCK CIRCLE ABINGTON PA 19001 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO ROCHE, THOMAS 2498 DATE PALM ROAD BOCA RATON FL 33432 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO KATHRYN CHRISTOPH 2121 NO OCEAN BLVD 1006E BOCA RATON, FL. 33431 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP THOMAS CHRISTOPH 1887 HONLOCK CIRCLE ABINGTON, PA. 19001 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **[Signature]** DATE **04-26-02** DAYTIME PHONE # **561 770-6677**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)