

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000062419

1. Entity Name

WOMEN'S MEDICINE, INC.

**FILED**  
**Jan 18, 2000 8:00 am**  
**Secretary of State**

01-18-2000 90097 033 \*\*\*150.00

Principal Place of Business

Mailing Address

1174 SHIPWATCH DRIVE EAST  
JACKSONVILLE FL 32225

1174 SHIPWATCH DRIVE EAST  
JACKSONVILLE FL 32225-5432

2. Principal Place of Business

1375 Roberts Drive

3. Mailing Address

Suite, Apt. #, etc.

#205

Suite, Apt. #, etc.

City & State

Jacksonville Beach FL

City & State

4. FEI Number

59-3588446

Applied For

Not Applicable

Zip

Country

32250

Duval

Zip

Country

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

RANDOLPH, JODI LYNN  
1174 SHIPWATCH DRIVE EAST  
JACKSONVILLE FL 32225

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME President  
STREET ADDRESS Jodi L. Randolph  
CITY-ST-ZIP 1174 Shipwatch Drive E  
Jacksonville FL 32225

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

TITLE ☐ Delete  
NAME Sec/Treas.  
STREET ADDRESS Cleveland Randolph Jr  
CITY-ST-ZIP 1174 Shipwatch Drive E  
Jacksonville FL 32225

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ 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:

*Jodi L. Randolph*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jodi L. Randolph

Date

Daytime Phone #

1-9-00 (904)2208086

CR2E034 (9/99)