

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90170 007 ***150.00

0160762 AV

DOCUMENT # P99000070188

1. Entity Name
WOMAN'S GLORY, INC.

Principal Place of Business

1909 HARRISON ST.
 HOLLYWOOD FL 33020
 US

Mailing Address

4400 HILL CREST DR., STE. 719
 HOLLYWOOD FL 33021
 US

2. Principal Place of Business

Suite, Apt. #, etc.

101

3. Mailing Address

1909 HARRISON ST

Suite, Apt. #, etc.

#101

City & State

City & State

Hollywood FL

Zip

Country

Zip

33020

Country

4. FEI Number

65-0942662

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

RUSSELL, PAMELA
 4400 HILL CREST DR., STE. 719
 HOLLYWOOD FL 33021

7. Name and Address of New Registered Agent

Name

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

1909 HARRISON ST

Hollywood FL 33020

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, 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	P	<input type="checkbox"/> Delete
NAME	RUSSELL, PAMELA	
STREET ADDRESS	4400 HILLCREST DR. #719	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	VP	<input type="checkbox"/> Delete
NAME	RUSSELL, ROBERT N	
STREET ADDRESS	4400 HILLCREST DR #719	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
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	SAME PAMELA RUSSELL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1909 HARRISON ST	
STREET ADDRESS	Hollywood FL 33020	
CITY-ST-ZIP		
TITLE	RUSSELL, Robert N	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1909 HARRISON ST	
STREET ADDRESS	Hollywood FL 33020	
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: Pamela Russell
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/02 954 9225405
 Date Daytime Phone #

CR2E034 (9/01)