

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000098993**

1. Entity Name

WOMANCARE OF MELBOURNE, INC.

Principal Place of Business

**6979 N. WICKHAM RD.
MELBOURNE FL 32940**

Mailing Address

**1030 HERMAN AVENUE
ORLANDO FL 32803**

2. Principal Place of Business

412 Highpoint Dr.

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Cocoa FL

City & State

FL

Zip

32926

Country

USA

Zip

32803

Country

USA

4. FEI Number

59-3603094

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

**SOBIESKI, TAMMY
1030 HERMAN AVE
ORLANDO FL 32803**

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 ☒**Tammy Sobieski****Tammy Sobieski****1/13/01**

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, 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	SOBIESKI, TAMMY	1030 HERMAN AVE	ORLANDO FL 32803	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
V	SOBIESKI, EVERETT	1030 HERMAN AVE	ORLANDO FL 32803	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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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: **Tammy Sobieski**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Tammy Sobieski**1/13/01**

Date

407.896.2233

Daytime Phone #

**FILED
Jan 30, 2001 8:00 am
Secretary of State**

01-30-2001 90127 031 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)