

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-17-2003 90473 026 \*\*\*150.00

**DOCUMENT # P99000099333**

1. Entity Name  
**BIRTHWELL, INC.**



Principal Place of Business  
**5450 MACDONALD AVENUE  
SUITE 4  
KEY WEST FL 33040**

Mailing Address  
**PO BOX 6618  
KEY WEST FL 33041**



2. Principal Place of Business

3. Mailing Address

**5450 Macdonald Ave**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite #4**

City & State

City & State

**Key West, FL**

Zip

Country

Zip

Country

**33040**

**USA**

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0961201**

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

**VALLE, ROBERT  
5450 MACDONALD AVENUE  
SUITE 4  
KEY WEST FL 33040**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**PD  
VALLE, ROBERT A.  
5450 MACDONALD AVENUE  
KEY WEST FL 33040**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**VD  
FERRIN, MARIA C  
3426 N. ROOSEVELT AVENUE  
KEY WEST FL 33040**

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**SD  
MANOLI, MARI  
5450 MACDONALD AVENUE  
KEY WEST FL 33040**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**Chairman  
James Daughton**

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**James Daughton**

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**Vice President  
Cherie Daughton  
5935 Hillendale Rd  
Excelsior, MN 55331**

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**Treasurer  
James Daughton  
5935 Hillendale Rd.  
Excelsior, MN 55331**

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED Robert Valle**

**14 Mar 03**

**305-923-4033**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)