2002 UNIFORM BUSINESS REPORT (UBR) Feb 24 200

DCUMENT # POOCO100887

DOCUME 1. Entity Name WOMANCAF					
Principal Place of Business 1225 EIGHTH STREET DAYTONA BEACH FL 32117		Mailing Address 1030 HERMAN A' ORLANDO FL 32	•		
2. Principal Place of Business Suite, Apt. #, etc. City & State		3. Mailing Addres	3. Mailing Address Suite, Apt. #, etc. City & State		
		Suite, Apt. #, et			
		City & State			
Zip	Country	Zip	Country	5. Certific	
6		7. Name			
SUBJECKI TA	MMV		Name		

FILED Feb 24, 2002 8:00 am Secretary of State

02-24-2002 90073 009 ***150.00

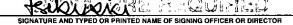


DO NOT WRITE IN THIS SPACE

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City & State		City & State		4. F	El Number 59-3618075	Applied For Not Applicable			
Zip	Country	Zip	Country	5. C	Certificate of Status Desired	\$8.75 Add Fee Require	litional d		
	6. Name and Address of Current	t Registered Agent		7. N	ame and Address of New Registered	Agent			
SOBIESK	Name	-							
1030 HERMAN AVENUE			Street Addres	Street Address (P.O. Box Number is Not Acceptable)					
) FL 32803				4 1. 1. 1.				
OULTHDO	· .								
			City		FL	Zip Code	3		
8. The above	named entity submits this statement f	or the purpose of changing its re	egistered office or regis	stered age					
	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE: I	Registered Agent signature requ	ired when rei	instating) DATE				
at this park at a find the second of the sec			FEE IS \$150.00 2 Fee will be \$550.00 e to Department of S	1	. 10. Election Campaign Financing Trust Fund Contribution.		0 May Be I to Fees		
11.	OFFICERS AND	DIRECTORS	12.	ADI	DITIONS/CHANGES TO OFFICERS AND	DIRECTORS	3 IN 11		
TITLE NAME STREET ADDRESS @TY-ST-ZIP	P SOBLESKI, TAMMY 1030 HERMAN AVE ORLANDO FL 32803	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SOBIESKI, EVERETT 1030 HERMAN AVE ORLANDO FL 32803	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	_TITLE NAME STREET ADDRESS CITY-ST-ZIP		Turner . In	☐ Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition .		
TITLE NAME STREET ADDRESS CITY-ST-ZIP 13. I hereby C	certify that the information supplied wit	☐ Delete In this filing does not qualify for t	TITLE NAME STREET ADDRESS CITY-ST-ZIP he exemption stated in	Section 1	19.07(3)(i), Florida Statutes. I further cer	Change	Addition 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



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CR2E034 (9/01)