

2002 UNIFORM BUSINESS REPORT (UBR)

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

04-24-2002 90405 022 ***150.00

CR2E034 9/01 AV

DOCUMENT # V67862

1. Entity Name
PRESIDENTIAL WOMEN'S CENTER FAMILY PLANNING, INC

Principal Place of Business
1501 PRESIDENTIAL WAY
SUITE 19
W. PALM BEACH FL 33401

Mailing Address
1501 PRESIDENTIAL WAY
SUITE 19
W. PALM BEACH FL 33401



2. Principal Place of Business
100 Northpoint Pkwy.

3. Mailing Address
100 Northpoint Pkwy.

DO NOT WRITE IN THIS SPACE

City & State
West Palm Beach, FL

City & State
West Palm Beach, FL

4. FEI-Number **65-0358701**

Applied For
 Not Applicable

Zip
33407

Country
Palm Beach

Zip
33407

Country
Palm Beach

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

REIS, MONA S
1501 PRESIDENTIAL WAY
#19
W PALM BCH FL 33401

Name
Street Address (P.O. Box Number is Not Acceptable)
100 Northpoint Parkway
City *West Palm Beach* **FL** **Zip Code** *33407*

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 *Mona S. Reis, Pres.* **DATE** *4/10/02*

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REIS, MONA S. 1501 PRESIDENTIAL WAY #19 WEST PALM BEACH FL 33401	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Reis, mona s. 100 Northpoint Pkwy West Palm Beach, FL 33407	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 *Mona S. Reis, Pres.* **DATE** *4/10/02* **Daytime Phone #** *(561) 686-3859*

CR2E034 (9/01)