2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2000 8:00 am
Secretary of State
05-18-2000 90352 050 ***150.00

DOCUMENT # P95000065624

1. Entity Name

YOUR LOGO FRANCHISES, INC.

C00095151

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
US HWY 19 FL 34667	12647 US HWY 19 HUDSON FL 34679-0480 US

2. Principal Place of Business	3. Mailing Address
3499 Casa Ct.	P.O. Box 480
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Spring Hill, FL	City & State: Aripeka, FL
Zip: 34607 Country: USA	Zip: 34679 Country: USA

4. FEI Number 59-3346440 ☐ 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
DELLIVENIRI, MICHAEL T 12647 US HWY 19 HUDSON FL 34667	Name: Michael T. Delliveniri Street Address (P.O. Box Number is Not Acceptable): 3499 Casa Ct. City: Spring Hill FL Zip Code: 34607

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 _____ 4-27-00
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, 2000 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	DPT DELLIVENIRI, MICHAEL T 12347 US HWY 19 HUDSON FL 34667	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPT Michael T. Delliveniri 3499 Casa Ct. Spring Hill, FL 34607	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVPS DELLIVENIRI, BRENDA 12647 US HWY 19 HUDSON FL 34667	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVPS Brenda Delliveniri 3499 Casa Ct. Spring Hill, FL 34607	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP EGAN, STEPHEN M 12647 US HWY 19 HUDSON FL 34667	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Stephen M. Egan 1112 Vinetree Dr. Brandon, FL 33510	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	COO HUMPHREY, JAMES T 30599 N US HWY 19 PALM HARBOR FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP SUGGS, ROGER L 12647 US HWY 19 HUDSON FL 34667	☒ 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

CR2E034 (9/99)

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: _____ 4-27-00 352-597-0804
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #