

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P26808

1. Entity Name

Services For You, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
400 Locust Street

Suite, Apt. #, etc.

Suite 820

City & State

Des Moines, Iowa

Zip
50309-2334

Country
USA

3. Mailing Address
400 Locust Street

Suite, Apt. #, etc.

Suite 820

City & State

Des Moines, Iowa

Zip
50309-2334

Country
USA

4. FEI Number
42-1340321

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)

1200 South Pine Island Road

City

Plantation

FL

Zip Code
33324

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

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)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
PD
Stan G. Thurston
400 Locust Street, Suite 820
Des Moines, Iowa 50309-2334

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
VPT
Arthur V. Neis
400 Locust Street, Suite 820
Des Moines, Iowa 50309-2334

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
SVPSPD
Edward R. Kenny
400 Locust Street, Suite 820
Des Moines, Iowa 50309-2334

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
VPD
Mary J. Harrison
800 NW 17th Avenue
Delray Beach, FL 33445

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
D
Joseph M. Brucella
50 Main Street
Centerbrook, CT 06409

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
000005554190--8
-05/16/02--01015--023
1700.00 *150.00

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(515) 875-4674

Daytime Phone #

CR2E034B (12/01)