

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16000007720

Entity Name: FIND YOUR FABULOSITY, INC.**Current Principal Place of Business:**302 SMOKERISE BLVD.
LONGWOOD, FL 32779**Current Mailing Address:**302 SMOKERISE BLVD.
LONGWOOD, FL 32779 US**FEI Number: 81-3388284****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KURLAND, SHERYL
302 SMOKERISE BLVD.
LONGWOOD, FL 32779 US*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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title D
Name BLATTNER, JODY
Address 508 WOODVIEW DR
City-State-Zip: LONGWOOD FL 32779

Title D
Name GLICKSTEIN, EMILY
Address 994 STONEWOOD LANE
City-State-Zip: MAITLAND FL 32751

Title D
Name KURLAND, SHELBY
Address 302 SMOKERISE BLVD.
City-State-Zip: LONGWOOD FL 32779

Title D
Name SMITH, KIM
Address 425 SUMMIT RIDGE PLACE-#101
City-State-Zip: LONGWOOD FL 32779

Title D
Name HALLMAN, DREW
Address 10740 N.W. 5TH ST
City-State-Zip: PLANTATION FL 33324

Title P
Name KURLAND, SHERYL
Address 302 SMOKERISE BLVD.
City-State-Zip: LONGWOOD FL 32779

Title D
Name STAFFORD, MARLA ROYNE
Address 5394 EAST MAXIMA DR
City-State-Zip: MEMPHIS TN 38120

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SHERYL KURLAND**P****02/04/2019**

Electronic Signature of Signing Officer/Director Detail

Date