

**2001 UNIFORM BUSINESS REPORT (UBR)**

1/

**FILED**  
**Feb 16, 2001 8:00 am**  
**Secretary of State**

01-26-2001 90015 035 \*\*\*\*15.00  
 02-16-2001 90009 035 \*\*\*\*135.00

**DOCUMENT # 487993**

1. Entity Name  
**YOURS TRULY, INCORPORATED**

Principal Place of Business      Mailing Address  
**4100 NW 29TH TERRACE**      **4100 NW 29TH TERRACE**  
**HOLLYWOOD FL 33021**      **HOLLYWOOD FL 33021**  
**US**      **US**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number **59-1629830**      Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**FREEMAN, ARNOLD**  
**4100 N. 29TH TERR**  
**HOLLYWOOD FL 33020**

7. Name and Address of New Registered Agent

Name **Edward J Blount**  
 Street Address (P.O. Box Number is Not Acceptable)  
**4100 N 29th Terr**  
 City **Hollywood**      FL      Zip Code **33020**

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 **Edward J Blount President**      *[Signature]*      DATE **1/12/01**  
Signature, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when reinstating)

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, 2001 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

TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	FREEMAN, ARNOLD	
STREET ADDRESS	122 LAURIEL RD	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	P	<input type="checkbox"/> Delete
NAME	BLOUNT, EDWARD J.	
STREET ADDRESS	19424 N.E. 26TH AVE. #133	
CITY-ST-ZIP	N. MIAMI BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Secretary Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	James H Morris	
STREET ADDRESS	2790 NE 201st Terr	
CITY-ST-ZIP	Miami, FL 33180	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *[Signature]*      **President**      DATE **2/12/01**      DAYTIME PHONE # **954-922-5456**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (10/00)

74080 [REDACTED]



DO NOT WRITE IN THIS SPACE