## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED Apr 26, 2001 8:00 am Secretary of State DOCUMENT # **F97000005473** THE REMEMBERFORYOU CORP. 04-26-2001 90010 036 \*\*\*150.00 Principal Place of Business Mailing Address 70 KINDALL CIR 70 KINDALL CIR PALM HARBOR FL 34683 PALM HARBOR FL 34683 644765 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3474529 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ADAMS, DENNY Street Address (P.O. Box Number is Not Acceptable) 70 KINDALL CIR PALM HARBOR FL 34683 Zip Code 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 or need name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE ☐ Change Addition ADAMS, DENNY NAME NAME STREET ADDRESS STREET ADDRESS 70 KINDALL CIR CITY: ST-ZIP OTY-ST-ZIP PALM HARBOR FL 34683 TITLS ☐ Delete Change TITLE Addition NAME ADAMS, ALISA NAME STREET ADDRESS STREET ADDRESS 70 KINDALL CIR CITY-ST-ZIP CHY-ST-ZIP PALM HARBOR FL 34683 TITLE Delete TITLE ☐ Change [77] Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP mm s ☐ De!ete ☐ Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME NAMS STREET ADDRESS STREET ADDRESS CITY- ST-ZIP CITY-ST-ZIP Change TiT. F De:ete TITLE Addition VAME NAME STREET ADDRESS STREET ADDRESS C/TY-ST-7/P CITY-ST-ZIP

13. Thereby 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.

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Hanchments # 79700005473 Stamp # 6447665

The Remember For You, Corp. dissolved as of 12-15-00. No Lowger in business.

alisa adamo