2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G65716

1. Entity Name

EVERYTHING PERSONALIZED, INC.

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90104 042 ***150.00

Principal Place of Business	Mailing Address
1660 OLD DIXIE HWY VERO BEACH FL 32960 US	P.O BOX 650610 VERO BEACH FL 32965-0610

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address 1660 OLD DIXIE HWY
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State VERO BEACH, FL
Zip / Country	Zip 32960 / Country USA

4. FEI Number 59-2337758 — 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
ROSENBERG, RISA 2074 OCEAN RIDGE CIR VERO BCH. FL 32963	Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 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 PVD NAME ROSENBERG, RISA STREET ADDRESS 2074 OCEAN RIDGE CIR CITY-ST-ZIP VERO BCH. FL	☐ 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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Risa Rosenberg, Sec/Treas 4/24/00 561-778-8045
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (9/99)