2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G91761

1. Entity Name

PERSONALLY YOURS MONOGRAMMING, INC.

Country

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable.

Principal Place of Business EDE US HWY 1

Suite, Apt. #, etc.

City & State

Zip

SIGNATURE

2. Principal Place of Business

GORMAN, DAVID L.

618 U.S. HWY. ONE

NORTH PALM BEACH FL 33408

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

LAKE PARK FL 33403

Mailing Address

804 US HWY 1

LAKE PARK FL 33403-2920

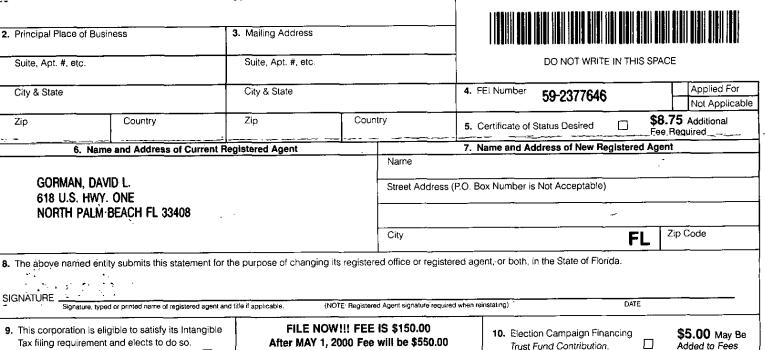
3. Mailing Address

City & State

Suite, Apt. #, etc.

FILED May 16, 2000 8:00 am Secretary of State

05-16-2000 90110 007 ***150.00



 \Box (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change TITLE ☐ Delete MARKISEN, CATHERINE R. NAME STREET ADDRESS 18 COMMODORE PLACE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF PALM BEACH GARDEN FL ☐ Change ☐ Addition TITLE Delete TITLE SMITH, ELIZABETH NAME NAME 5508A-CANNON-WAY-STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE WEST PALM BEACH FL Change ☐ Addition □ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TIT! F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ŽIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

Country

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

Name

City

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 attack nent with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WHERIVE MARKISED 3-30-00