## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# K77120

FILED Mar 15, 2002 8:00 AM Secretary of State

Entity Name: PROFESSIONALLY YOURS BARBARA INC

Entity Nar	ne: PROFESS	SIONALLY YOURS, BARBARA	A, INC.				
Current Principal Place of Business:			New Prince	New Principal Place of Business:			
1342 SE 46 SUITE 3 CAPE COF	STH LANE RAL, FL 33904						
Current Mailing Address:			New Maili	New Mailing Address:			
1342 SE 46 SUITE 3 CAPE COF	STH LANE RAL, FL 33904						
FEI Number:	65-0117150	FEI Number Applied For ( )	FEI Number Not App	licable ( )	Certificate of Status Desired	1()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
1342 SÉ 46 SUITE 3 CAPE COF The above	RAL, FL 33904 named entity s of Florida.	US ubmits this statement for the p	ourpose of changing	its registered	d office or registered agent, o	or both,	
		c Signature of Registered Age	ent	Date			
Election Can	-	satisfy its Intangible Tax filing req Trust Fund Contribution(). 'ORS:	•	,	S TO OFFICERS AND DIR	ECTORS:	
Title: Name: Address: City-St-Zip:	PVST () OLSON, BARBA 1342 SE 46TH A CAPE CORAL, F	VE. #3	Title: Name: Address: City-St-Zip:	PS OLSON, BAR 1342 SE 46T CAPE CORA	H LANE #3		
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	VT HARKCOM, \$ 1342 SE 46T CAPE CORA	H LANE #3		

I hereby certify that the information supplied with this filing does not qualify for the 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHERI HARKCOM VT 03/15/2002