2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2001 8:00 am
Secretary of State
04-04-2001 90056 021 ***150.00

0296243

DOCUMENT # K85925

1. Entity Name
WIGS FOR YOU, INC.

Principal Place of Business	Mailing Address
% ROBERT J. VEVERKA 483 N.E. 20TH STREET BOCA RATON FL 33431	% ROBERT J. VEVERKA 483 N.E. 20TH STREET BOCA RATON FL 33431

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
460 N.E 20tH ST	450 N.E 20tH ST
Suite, Apt. #, etc. 118	Suite, Apt. #, etc. #118
City & State BOCA RAton, FL	City & State BOCA RAton, FL
Zip 33431 Country USA	Zip 33431 Country USA

4. FEI Number 65-0135548 ☐ 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
VEVERKA, ROBERT J. 483 N.E. 20TH STREET BOCA RATON FL	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, 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Delete VEVERKA, ROBERT J. 79 WEST RUBBER TREE DR LAKE WORTH FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☑ Change ☐ Addition 9375 Bent Pine Cir E LAKE WORTH, FL 33467
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Delete VEVERKA, PAMELA A. 79 WEST RUBBER TREE DR LAKE WORTH FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☑ Change ☐ Addition 9375 Bent Pine Cir E LAKE WORTH, FL 33467
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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

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: Robert J. Veverka 4-1-01 561-750-0546
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)