

FILED
Apr 10, 2003 8:00 am
Secretary of State

023084526 ΔV

DOCUMENT #
1. Entity Name
WIGS FOR YOU, INC.

K85925



Secretary of State
04-10-2003 90179 040 ***150.00

Principal Place of Business
450 N.E. 20TH ST.
118
BOCA RATON FL 33431

Mailing Address
450 N.E. 20TH ST.
118
BOCA RATON FL 33431

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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
VEVERKA, ROBERT J.
483 N.E. 20TH STREET
BOCA RATON FL

7. Name and Address of New Registered Agent
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D.
VEVERKA, ROBERT J.
9375 BENT PINE CIR E
LAKE WORTH FL 33467

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
VEVERKA, PAMELA A.
9375 BENT PINE CIR. E
LAKE WORTH FL 33467

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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Change Addition

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Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 4-8-03 Daytime Phone #