2002 UNIFORM BUSINESS REPORT (UBR)

Sep 04, 2002 8:00 am Secretary of State DOCUMENT # N00000007723 09-04-2002 90088 018 ****61.25 CREATING A BETTER YOU, INC. Principal Place of Business Mailing Address JIULUU 12788 W. FOREST HILL BLVD., STE. 2005 12788 W. FOREST HILL BLVD., STE. 2005 WELLINGTON FL 33414 WELLINGTON FL 33414 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-1060510 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) SPILLANE, J. P. 12788 W. FOREST HILL BLVD., STE. 2005 WELLINGTON FL 33414 City 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, typed or printed name ered agent and trile (NOTE: Registered Agent signature required when reinstating) DATE After September 13, 2002, 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. min. will be \$236.25. Added to Fees Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE D ☐ Delete TITLE ☐ Change Addition NAME FAYERMAN, PETER NAME STREET ADDRESS 12788 W. FOREST HILL BLVD., STE. 2005 STREET ADDRESS CITY-ST-ZIP WELLINGTON FL 33414 CITY-ST-ZIP ☐ Defete TITLE Change ☐ Addition LYLES, TERRY NAME STREET ADDRESS 12788 W. FOREST HILL BLVD., STE. 2005 STREET ADDRESS CITY-ST-ZIP -WELLINGTON FL 33414~ CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME SPILLANE, JOHN P NAME STREET ADDRESS 12788 W. FOREST HILL BLVD., STE. 2005 STREET ADDRESS CfTY-ST-ZIP WELLI<u>ng</u>ton FL 33414 CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME

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 617, 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.

STREET ADDRESS

CITY-ST-7IP

SIGNATURE:

STREET ADDRESS

CITY-ST-7IP

SIGNATURE REQUIRED

2/22/02

753-9300

FILED