

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N43015

1. Entity Name

KNOW THYSELF, INC.

Principal Place of Business

P.O. BOX 61414
ST. PETERSBURG FL 33784-1414

Mailing Address

P.O. BOX 61414
ST. PETERSBURG FL 33784-1414

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3059596

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WHITE, MARIE
5111-66TH ST. NORTH STE 102
ST PETERSBURG FL 33709

7. Name and Address of New Registered Agent

Name

Mary Bloom

Street Address (P.O. Box Number is Not Acceptable)

9426 665th

City

St Pete, FL 33782

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE P
NAME WHITE, MARIE
STREET ADDRESS 5111-66TH ST N STE 503
CITY-ST-ZIP ST PETERSBURG FL ☐ Delete

TITLE D
NAME COY, SANDY
STREET ADDRESS 1925-55TH AVE. S. APT.3
CITY-ST-ZIP ST. PETERSBURG FL ☐ Delete

TITLE D
NAME DARDENNE, ROBERT
STREET ADDRESS 140-7TH AVE. SO.
CITY-ST-ZIP ST. PETERSBURG FL ☐ Delete

TITLE D
NAME FLEMING, SHIRLEY A.
STREET ADDRESS 1950 - 2ND AVE. NORTH
CITY-ST-ZIP ST. PETERSBURG FL ☐ Delete

TITLE D
NAME PARMENTER, STEVIEJEAN
STREET ADDRESS 29296 U.S. HWY. 19 NO.
CITY-ST-ZIP CLEARWATER FL ☐ Delete

TITLE T
NAME LA VALLEY, DUNN
STREET ADDRESS 610 MANATEE DRIVE
CITY-ST-ZIP RUSKIN FL ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

SIGNATURE: *Mary Bloom*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 1 - 01 # 727-545-8334
Date Daytime Phone #

CR2E037 (10/00)



DO NOT WRITE IN THIS SPACE