

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 01, 2001 08:00 AM****Secretary of State****DOCUMENT # N99000005172**1. Entity Name
SELF IMAGE, INC.

Principal Place of Business 2724 AUSTRALIAN AVE BUILDG. 2 WEST PALM BEACH 33407 FL	Mailing Address 2724 AUSTRALIAN AVE BUILDG. 2 WEST PALM BEACH 33407 FL
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2. Principal Place of Business 1201 S. FLAGLER DRIVE	3. Mailing Address 1201 S. FLAGLER DRIVE
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Suite, Apt. #, etc. 22-F	Suite, Apt. #, etc. 22-F
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City & State WEST PALM BEACH FL	City & State WEST PALM BEACH FL
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Zip 33401	Country	Zip 33401	Country
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4. FEI Number 65-0952554	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent FERGUSON TERRI L 4362 NORTHLAKE BLVD. SUITE 108 PALM BEACH GARDENS 33410 FL	7. Name and Address of New Registered Agent Name FERGUSON TERRI L Street Address (P.O. Box Number is Not Acceptable) 6120 SILVER OAK DRIVE City LAKE WORTH FL Zip Code 33467
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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 **TERRI L. FERGUSON****05/01/2001**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARROLL DORIS 13132 48TH CT N. WEST PALM BEACH FL 33410	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YAREMA RUSSELL 386 GLENBROOK ATLANTIS FL 33462	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUDDEMEYER DAVID 312 CLEMATIS WEST PALM BEACH FL 33401	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERGUSON GEORGE 6120 SILVER OAK DRIVE LAKE WORTH FL 33467	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NORCROSS CHARLIE 1448 MEDITERRANEAN RD WEST PALM BEACH FL 33406	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: George Ferguson**D****05/01/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)