

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90969 047 ***150.00

05/7/2003 AN

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1. Entity Name
FOR YOUR HEADGEAR2, INC.



Principal Place of Business
**3241 SPANISH BAYONET DR
HERNANDO BEACH FL 34607**

Mailing Address
**3241 SPANISH BAYONET DR
HERNANDO BEACH FL 34607**

11021304



2. Principal Place of Business

3241 Spanish Bayonet Dr

3. Mailing Address

Suite, Apt. #, etc.

Same

☐ CHECK HERE IF MAKING CHANGES

City & State

Hernando Beach FL

City & State

4. FEI Number

59-3630670

Applied For

Not Applicable

Zip

34607

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**FOREMAN, LEONARD
3241 SPANISH BAYONET DR
HERNANDO BEACH FL 34607**

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

TITLE ☐ Delete

**P
FOREMAN, LEONARD
3241 SPANISH BAYONET DR
HERNANDO BEACH FL 34607**

TITLE ☒ Delete

**VP
FOREMAN, DENISE
3241 SPANISH BAYONET DR
HERNANDO BEACH FL 34607**

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

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 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)