

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 18, 2002 8:00 am
Secretary of State

03-18-2002 90002 026 ***150.00

DOCUMENT # P00000041019

1. Entity Name
PERSONALLY YOURS, INC.

Principal Place of Business

3600 CARTWRIGHT
BONITA SPRINGS FL 34134

Mailing Address

3600 CARTWRIGHT
BONITA SPRINGS FL 34134

2. Principal Place of Business

17509 Butler Road

Suite, Apt. #, etc.

3. Mailing Address

17509 Butler Road

Suite, Apt. #, etc.

City & State
FT. MYERS Florida

Zip
33912

Country
USA

City & State
FT. MYERS, Florida

Zip
33912

Country
USA

4. FEI Number
59-3631591

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

MCPHERSON, CAROL A
3600 CARTWRIGHT
BONITA SPRINGS FL 34134

7. Name and Address of New Registered Agent

Name
JAMES L. BROWN

Street Address (P.O. Box Number is Not Acceptable)
17509 Butler Road

City & State
FT. MYERS FL

Zip Code

33912

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
Carol Ann McPherson 1/21/02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE
PT
NAME
MCPHERSON, CAROL A
STREET ADDRESS
3600 CARTWRIGHT
CITY-ST-ZIP
BONITA SPRINGS FL 34134

☒ **Delete**

TITLE
VPS
NAME
MCPHERSON, DOUGLAS A
STREET ADDRESS
3600 CARTWRIGHT
CITY-ST-ZIP
BONITA SPRINGS FL 34134

☒ **Delete**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ **Delete**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ **Delete**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ **Delete**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ **Delete**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
President
NAME
JAMES L. BROWN
STREET ADDRESS
17509 Butler Road
CITY-ST-ZIP
FT. MYERS, FL 33912

☒ **Change** ☐ **Addition**

TITLE
Vice-President / Treasurer
NAME
KAREN PECK BROWN
STREET ADDRESS
17509 Butler Road
CITY-ST-ZIP
FT. MYERS, FL 33912

☒ **Change** ☐ **Addition**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ **Change** ☐ **Addition**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ **Change** ☐ **Addition**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ **Change** ☐ **Addition**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ **Change** ☐ **Addition**

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-26-02 941-822-3251

Date

Daytime Phone #

CR2E034 (9/01)