

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000048351

1. Entity Name

SUDDENLY SLENDER YOU, INC.

Principal Place of Business

6349 103RD STREET
JACKSONVILLE FL 32210

Mailing Address

6349 103RD STREET
JACKSONVILLE FL 32210

2. Principal Place of Business

14333-20 BEACH BLVD.

Suite, Apt. #, etc.

SUITE 20

3. Mailing Address

14333 BEACH BLVD.

Suite, Apt. #, etc.

SUITE 20

City & State

JACKSONVILLE FL

City & State

JACKSONVILLE

Zip

32250

Country

USA

Zip

32250

Country

USA

4. FEI Number

59-3652299

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

OBERDORFER, E. CHARLES
1719 BLANDING BOULEVARD
JACKSONVILLE FL 32210

7. Name and Address of New Registered Agent

Name

SUSAN GIRARD

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

260 OTTERWOOD CT

City

JACKSONVILLE

FL

Zip Code

32225

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

Susan L. Girard SUSAN L. GIRARD PRESIDENT

3/10/01

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	GERRARD, SUSAN GIRARD, SUSAN	
STREET ADDRESS	6349 103RD STREET 14333 BEACH BLVD.	
CITY-ST-ZIP	JACKSONVILLE FL 32210 SUITE 20 32250	
TITLE	STD	<input type="checkbox"/> Delete
NAME	WOODS, VICKI	
STREET ADDRESS	6349 103RD STREET 14333 BEACH BLVD. SUITE 20	
CITY-ST-ZIP	JACKSONVILLE FL 32210 32250	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

Susan L. Girard SUSAN L. GIRARD

Date

3/10/01 (904) 821-9727

Daytime Phone #

FILED

Mar 23, 2001 8:00 am
Secretary of State

03-23-2001 90026 006 ***150.00

C0037295



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)