

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2002 8:00 am
Secretary of State

05-03-2002 90028 009 ***150.00

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DOCUMENT # P00000071212

1. Entity Name
PERMANENTLY YOURS, INC.

Principal Place of Business
12220 GARDEN DRIVE
COOPER CITY FL 33026

Mailing Address
12220 GARDEN DRIVE
COOPER CITY FL 33026



2. Principal Place of Business

3. Mailing Address
9720 PINES BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
PEMBROKE PINES, FL

4. FEI Number
65-1037571

Applied For
Not Applicable

Zip

Country

Zip
33024

Country
U S A

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FILINGS, INC.
3732 N.W. 16TH STREET
FT. LAUDERDALE FL 33311-4132

Name
DEBBY WOOLFSTEAD
Street Address (P.O. Box Number is Not Acceptable)
12220 GARDEN DRIVE

City
COOPER CITY FL 33026

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 *Debbie Woolfstead* **PRESIDENT** *3/4/02*

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**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
D WOOLFSTEAD, DEBBY 12220 GARDEN DRIVE COOPER CITY FL 33026	<input type="checkbox"/>	P T S	<input checked="" type="checkbox"/>
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CR2E034 (9/01)

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 persons empowered.

SIGNATURE: *Debbie Woolfstead* **DEBBY WOOLFSTEAD**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #