

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 07, 2003 8:00 am
Secretary of State

03-07-2003 90091 045 ***150.00

DOCUMENT # P00000072337

1. Entity Name
TRUE REFLECTIONS, INC.



Principal Place of Business
1146 WINDER WYCKE CT.
WINTER SPRINGS FL 32708

Mailing Address
1146 WINDER WYCKE CT.
WINTER SPRINGS FL 32708



2. Principal Place of Business

1146 Winderwycke Ct

3. Mailing Address

Suite, Apt. #, etc.

City & State
Winter Springs FL

City & State

4. FEI Number **06-1538851**

Applied For

Not Applicable

Zip *32708* **Country** *Seminole*

Zip

Country

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

DE BLAU, MARLENE P
1146 WINDER WYCKE CT.
WINTER SPRINGS FL 32708

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 ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	DE BLAU, JOHN W PRES.	
STREET ADDRESS	1146 WINDERWYCKE CT	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE	ST	<input type="checkbox"/> Delete
NAME	DE BLAU, MARLENE P SEC/TRE	
STREET ADDRESS	1146 WINDERWYCKE CT	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE		<input type="checkbox"/> Delete
NAME		
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

Marlene P. DeBlau (MARLENE P. DEBLAU) 3/3/03 407-386-0617

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)