FILED
Jul 10, 2002 8:00 am
Secretary of State

07-10-2002 90194 032 ***550.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT

DOCUMENT # P01000085532

1. Entity Name

GOT ME UNDER PRESSURE INC.

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B0128370

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2. Principal Place of Business	3. Mailing Address	4. FEI Number	Applied For / Not Applicable
1121 AVOCADO ISLE Suite, Apt. #, etc.	1121 AVOCADO ISLE Suite, Apt. #, etc.	65-1132164	
City & State: FORT LAUDERDALE, FL	City & State: FORT LAUDERDALE, FL		
Zip: 33315 Country: BROWARD	Zip: 33315 Country: BROWARD	5. Certificate of Status Desired: ☐ $8.75 Additional Fee Required	

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7. Name and Address of Current Registered Agent

Name: PRISCILLA H. DICKIE

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

1121 AVOCADO ISLE

City: FORT LAUDERDALE Zip Code: 33315

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: _____
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required by law. DATE

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

Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

11.	OFFICERS AND DIRECTORS	
TITLE / TYPE	PRES / DIR	
NAME	PRISCILLA H. DICKIE	
STREET ADDRESS	1121 AVOCADO ISLE	
CITY-ST-ZIP	FT. LAUD. FL. 33315	
TITLE / TYPE	V.P. / DIR	
NAME	WILLIAM DICKIE, JR.	
STREET ADDRESS	1121 AVOCADO ISLE	
CITY-ST-ZIP	FT. LAUD FL 33315	
TITLE	SEC / TRES.	
NAME	IAN CHARLES DICKIE	
STREET ADDRESS	1121 AVOCADO ISLE	
CITY-ST-ZIP	FT. LAUD FL 33315	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

William Dickie Jr 7/6/02 (954)463-1309

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL AUTHORIZED ABOVE OR DIRECTOR — Date — Daytime Phone #