

8/11/200

**2002 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000099521

1. Entity Name  
WHAT'S YOUR NAME, INC. ✓**FILED**  
**Aug 25, 2002 8:00 am**  
**Secretary of State**

08-11-2002 90168 028 \*\*\*150.00

Principal Place of Business

2622 SW REVERE CT  
PORT ST LUCIE FL 34953

Mailing Address

3822 SW REVERE CT  
PORT ST LUCIE FL 34953

2. Principal Place of Business

1608 SE Durango St

Suite, Apt. #, etc.

3. Mailing Address

PO Box 8347

Suite, Apt. #, etc.

City &amp; State

Port St Lucie, Florida

Zip

34952

Country

USA

City &amp; State

Port St Lucie, Florida

Zip

34985

Country

USA

4. FEI Number

65-1145233

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

CORPORATE CREATIONS NETWORK INC.

941 4TH ST, #280

MIAMI BEACH FL 33130

7. Name and Address of New Registered Agent

Name: Sophia Chang

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

PO Box 8347 (Please Print Letter)

2212 SE Rainier Rd

City: Port St Lucie

FL

Zip Code

34952

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

Sophia Chang

SOPHIA CHANG Director

8/6/02

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
	D CHANG, SOPHIA	3822 SW REVERE CT	PORT ST LUCIE FL 34953	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	D CHANG, SOPHIA	PO Box 8347	PORT ST LUCIE, FL 34985-8347	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SOPHIA CHANG

8/6/02

(954) 553-8088

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)

Attachment  
# P01000099521

42084

What's Your Name, Inc.  
P.O. Box 8347  
Port St. Lucie, FL 34985

August 6, 2002

Dear Katherine Harris:

Please note that I was unaware of filing the Uniform Business Report for my business What's Your Name, Inc. I assumed that Corporate Creations Network, Inc. would take care of the business correspondences and legalities. I have not received any information from the company (I thought that's what I was paying them for). The UBR form was sent to my sister's house and I just received this form to complete and would like to be excused from penalties. My current business mailing address is PO Box 8347, Port St. Lucie, Florida 34985-8347. Please accept \$150.00 for filing fees. I have been advised by the Port St. Lucie Police Department to have all my personal and business mail go to a locked mailbox. My social security number was stolen and used for credit card fraud three months ago. (The perpetrator was intercepting the fraudulent credit card statements and other pieces of mail from my mailbox during the day when I was not home) Please allow me to use the post office box address on the UBR.

Sincerely,

*Sophia Chang*

Sophia Chang  
What's Your Name, Inc.  
Owner/Director