2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P01000099521 **DOCUMENT #**

1. Entity Name
WHAT'S YOUR NAME, INC.



FILED Feb 21, 2003 8:00 am Secretary of State 02-21-2003 90190 011 ***150.00

	TOOT WANTE, INC.							
Principal Place of Business 1608-SE-DURANGO STREET PORT-SAINT-LUCIE FL 34952		Mailing Address PO BOX 8347 PORT ST LUCIE FL 34985		<u> </u>	M 11 2 2 1 1 1 2 2 1 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
0.00								
2. Principal Place of Business 3823 SW Revere Ct		3. Mailing Address				RREIBON OTT MOTTE STORE BOTE DARFT	ABILLA MANTA LINTING TOTAL DIS	10 fiant 1101 faat
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State		City & State						
Vort St Lucie Florida Zip Country		Zip Country				65-1145233	L	Vot Applicable
349	53 USA	, , , , , , , , , , , , , , , , , , , ,		ry	5. Certificate of Status Desired		□ \$8.75 A Fee Requi	dditional red
	6. Name and Address of Current R	egistered Agent Name		Name	7. Name and Address of New Registered Agent			
CHANG,		and the second	-		<u> </u>		A CONTRACTOR OF THE PARTY OF TH	
	RAINIER RD			Street Address (P.O. Box Nur	mber is Not Acceptable)		
PORT SA	INT LUCIE FL 34952		ĺ		•		-/-	
	*: •		ļ	City	v		FL Zip Co	de
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 a the obligations of registered agent.								n, and accept
SIGNATURE								
SIGNATURE	Signature, typed or printed name of registered agent and	title if applicable. (NO	DTE: Registered	Agent signature required	when reinstating)		DATE	
	FILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00		·	······································	9.	Election Campaign Finan	ncing ¢ E	
Make Chec	k Payable to Florida Department of S	State				Trust Fund Contribution.		00 May Be ed to Fees
10.	RECTORS	11.	······································	ADDITION	S/CHANGES TO OFFICI	ERS AND DIRECTOR	RS IN 11	
TITLE NAME	D CHANG, SOPHIA	☐ Delete	TITLE NAME				☐ Change	☐ Addition
STREET ADDRESS PO BOX 8347				ADDRESS				
CITY-ST-ZIP	PORT ST LUCIE FL 34985-8347		CITY-S	T-ZIP				
TITLE NAME		☐ Delete	TITLE NAME				Change	☐ Addition
STREET ADDRESS				ADDRESS				ĺ
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STREET ADDRESS				ADDRESS			-	-
CITY-ST-ZIP TITLE			CITY-S	T-ZIP				
NAME		☐ Delete	TITLE NAME				☐ Change	☐ Addition
STREET ADDRESS				ADDRESS				
CITY-ST-ZIP TITLE			CITY-ST	-ZIP	·• ·	7.4		
NAME		☐ Delete	TITLE NAME				☐ Change	☐ Addition
STREET ADDRESS				ADDRESS				
CITY-ST-ZIP			CITY-ST	- ZIP		<u> </u>		
NAME		Delete	TITLE NAME				☐ Change	☐ Addition
STREET ADDRESS			STREET A	ADDRESS				
12. Thereby co	ertify that the information supplied with this	£111	CITY-ST	-ZIP		<u> </u>		
HEIEUV CE	sunvingal-me information supplied with this	tiling door not qualify for	- +6	41				

Interest 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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIJECTOR

772 370-2477