

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

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90202 022 ***150.00

DOCUMENT # P02000028024

1. Entity Name
UNIQUELY YOU, INC.



Principal Place of Business
895 FOX VALLEY DRIVE
SUITE 109
LONGWOOD FL 32779

Mailing Address
162 SPRING CHASE CIRCLE
ALTAMONTE SPRINGS FL 32714



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

03-0408690

Applied For

Not Applicable

Zip

Country

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

ANDERSON, RONALD B
162 SPRING CHASE CIRCLE
ALTAMONTE SPRINGS FL 32714

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
Trust Fund Contribution.

☐ **\$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	ANDERSON, RONALD B	
STREET ADDRESS	162 SPRING CHASE CIRCLE	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE	V	<input type="checkbox"/> Delete
NAME	RUETER, STEVEN W	
STREET ADDRESS	162 SPRING CHASE CIRCLE	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE	T	<input type="checkbox"/> Delete
NAME	PARRISH, EYLINDA L	
STREET ADDRESS	3207 TRADEWINDS TRAIL	
CITY-ST-ZIP	ORLANDO FL 32805	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President 4/24/03 409 786 6000
Date Daytime Phone #

CR2E034 (10/02)