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

**DOCUMENT #** 

## P02000059189



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**FILED** Feb 14, 2003 8:00 am Secretary of State 01-16-2003 90081 020 \*\*\*150.00

| TITLE NAME STREET ADDRESS CITY-ST-ZIP  HARRIS, CHARMANE STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  | 1. Entity Name<br>GROOM-N   | -TIME, INC.  |                                       |                       |                                  |  |                 |
|---|-----------------------------|--|---------------------------------------|-----------------------|----------------------------------|--|-----------------|
| Suite, Apt. #, etc.  City & State  Coy & State  Coy & State  Country  S. Certificate of Status Dealerd   S8,75 Advistonal Free Required  For Required  BROUSSARD, JUDY  3925 WINNEED ROAD  BOYNTON BEACH FL 33438  City  City  FL Zip Code  City  FL Z  | 6169 JOG ROAL               | D STE CI1B   | 6169 JO                               | G ROAD STE C11B       |                                  |  |                 |
| City & State  City & State  City & State  City & State  Country  Country  Country  Country  Country  S. Certificate of Status Desired  S. S.75 Additional  For Required  F  | 2. Principal Pla            | ace of Business  | 3. Mailing                            | Address               |                                  | - (  |                 |
| Cliy & State  | Suite, Apt. #, etc.         |  | Suite,                                | Apt. #, etc.          |                                  |  | _               |
| S. Certificate of Status Desired   Fee Required    S. Name and Address of Current Registered Agent   T. Name and Address of New Registered Agent    Street Address (P.O. Box Number is Not Acceptable)    Street A  | City & State                |  | City & State                          |                       |                                  | 04-3694032 Not Applicable  | 1               |
| BROUSSARD, JUDY 3925 WINFIELD ROAD BOYNTON BEACH FL 33438   | Zip                         | Country  | Zip                                   |                       | Country                          | 5. Certificate of Status Desired   |                 |
| BROUSSARD, JUDY 3925 WINFIELD ROAD BOYNTON BEACH FL 33436  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    City FL   Zip Code    City FL   Zip Code   |                             | 6. Name and Address of Curren                                | t Registered                          | Agent                 |                                  | 7. Name and Address of New Registered Agent  | 4               |
| 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   Committee    |                             |  |                                       |                       | Name                             | the state of the s | 1               |
| BOYNTON BEACH FL 33436  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, hyeld or priced name of registered agent and love if appricable.   (NOTE: Registered Agent agentance)   DATE   |                             |  |                                       |                       | Street Address                   | (P.O. Box Number is Not Acceptable)  | 1               |
| 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 pristed name of registered agent and Life if applicable. MOTE: Registered Agent agentative required when reintatangs)  PATE  Signature, typed or pristed name of registered agent and Life if applicable. MOTE: Registered Agent agentative required when reintatangs)  DATE  Signature, typed or pristed name of registered agent and Life if applicable. MOTE: Registered Agent agentative required when reintatangs)  DATE  SIGNATURE  Signature, typed or pristed name of registered agent.  PATE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  ITILE  NAME  SIRET ADDRESS  CITY-SI-2P  TILE  NAME  1340 Change Addition  TILE  NAME  1434 CNDTY DRIVE  1440 CNDTY DRIVE |                             | •  |                                       |                       |                                  | •  | 1               |
| The obligations of registered agent.  SIGNATURE    Signature, hybrid or prixed name of registered agent and clie if applicable.   INOTE: Registered Agent apprature required when rematating)   DATE  | ROANION                     | BEAUTI PL 33430  |                                       |                       | City                             | FL Zip Code  | 1               |
| SIGNATURE   Signature, hybrid or prized name of registered agent and clos if applicable.   INOTE: Registered Agent agreed when reinstating)   DATE  | 8. The above the obligation | named entity submits this statement ons of registered agent. | for the purpos                        | e of changing its reg | gistered office or registr       | ered agent, or both, in the State of Fiorida. I am familiar with, and accept   | ] .             |
| Atter May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10.  |                             |  | nt and tide if applic                 | able. (NOTE: Re       | egistered Agent signature requir | ed when reinstating) DATE  |                 |
| 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS INTER ADDITIONS THE CHANGE AND THE CHANGE ADDITIONS THE CHANGE ADDITIONS THE CHANGE ADDITIONS AND THE CHANGE ADDITIONS AD  | Fi<br>After                 | LE NOW!!! FEE IS \$150.00<br>May 1, 2003 Fee will be \$550.0 | , [                                   | *                     | •                                |  |                 |
| TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP  | Make Check                  |  |                                       |                       | T 1 1                            | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  | ゴニ              |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  HARRIS, CHARMANE STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TO Change Addition   |                             |  | DIRECTOR                              |                       |                                  |  | Ιĝ              |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  HARRIS, CHARMANE STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TO Change Addition   | NAME                        | BROUSSARD, JUDY  |                                       |                       | NAME                             |  | CR2E034 (10/02) |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  HARRIS, CHARMANE STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TO Change Addition   |                             | <b>BOYNTON BEACH FL 33436</b>                                |                                       |                       | CITY-ST-ZIP                      |  | -   띬           |
| STREET ADDRESS CITY-ST-ZIP  LAKE WORTH FL 33461  TITLE  MAME  NAME  STREET ADDRESS CITY-ST-ZIP  TITLE  MAME  STREET ADDRESS CITY-ST-ZIP   | TITLE                       | V<br>HARRIS, CHARMANE  | ,                                     | ☐ Delete              | NAME                             | ☐ Change ☐ Addition  | 5               |
| TITLE  MAME  MAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  Delete  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TO Change  Addition  |                             |  |                                       |                       |                                  |  |                 |
| STREET ADDRESS CITY-ST-ZIP  STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  |                             | LAKE WORLD PE SONO!  |                                       | ☐ Delete              | · · · ·                          | ☐ Change ☐ Addition  | -<br>-          |
| CITY-ST-ZIP    Deleta   TITLE   Change   Addition   |                             |  | · · · · · · · · · · · · · · · · · · · | <del></del>           | STREET ADDRESS                   |  |                 |
| TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP  The control of the con  | CITY-ST-ZIP                 | ·  |                                       |                       |                                  | ☐ Change ☐ Addition  | 7               |
| STREET ADDRESS  CITY-ST-ZIP  CITY-ST-ZIP  CAddition   |                             |  |                                       | ∟ Deletê              | ■ t                              |  |                 |
| CITY-ST-ZIP CITY-ST-ZIP   |                             |  |                                       |                       |                                  |  |                 |
| Change Addition   |                             | · ·  |                                       |                       | CITY-ST-ZIP                      |  | _               |
| TITLE LI Delete HILLE   | TITLE                       |  |                                       | ☐ Delete              | TITLE                            | ☐ Change ☐ Addillion   | Ή.              |
| NAME STOCK ANDRESS  | NAME                        | ·  |                                       |                       |                                  |  |                 |
| STREET ADDRESS CITY-SI-7IP  |                             |  |                                       |                       |                                  |  | _               |
| TITLE Change Addition   | <del></del>                 |  |                                       | ☐ Detete              | TITLE                            | ☐ Change ☐ Addition  | ).<br>          |
| NAME NAME   |                             |  |                                       | مئت حصہ               |                                  |  |                 |
| STREET ADDRESS CITY-ST-ZIP  | 1 '                         | 1  |                                       |                       | •                                |  |                 |
| CITY-\$T-ZIP  CITY-\$T-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 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 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 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 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 supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that I am an officer or director.  | CITY-ST-ZIP                 | <u> </u>   | 1.4 ALT. 800 -                        | de se pot grafificati | B - '                            | Section 119.07(3)(i). Florida Statutes. I further certify that the information   | ┨               |

vered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if that other like empowered. indicated on this report or supplemental report is of the corporation or the receiver or trustee emporchanged, or on an attachment with an address

561-964-1939

Daytime Phone #