

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 16, 2003 8:00 am
Secretary of State

07-16-2003 90046 002 ***150.00

DOCUMENT # P02000095864

1. Entity Name
PERSONAL SERVICE TO YOU, INC.



Principal Place of Business
122 JEEPERS DRIVE
NAPLES FL 34112

Mailing Address
122 JEEPERS DRIVE
NAPLES FL 34112

2. Principal Place of Business

525 Fourth Ave, So.
Suite, Apt. #, etc.

3. Mailing Address

525 Fourth Ave, So.
Suite, Apt. #, etc.

City & State
Naples, FL

City & State
Naples, FL

4. FEI Number
56-2290614

Applied For
Not Applicable

Zip
34102

Country
Collier

Zip
34102

Country
Collier

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

SOGNESS, RONALD G
122 JEEPERS DRIVE
NAPLES FL 34112

Name
Day, Karen
Street Address (P.O. Box Number is Not Acceptable)
525 Fourth Ave, So.
City
Naples **FL** **Zip Code**
34101

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 *Karen Day*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7/14/03

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **SOGNESS, RONALD G**
STREET ADDRESS **122 JEEPERS DRIVE**
CITY-ST-ZIP **NAPLES FL 34112**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Delete
NAME **SOGNESS, RONALD G**
STREET ADDRESS **122 JEEPERS DRIVE**
CITY-ST-ZIP **NAPLES FL 34112**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **VP/Treasurer**
STREET ADDRESS **Karen Day**
CITY-ST-ZIP **525 Fourth Ave, So.**
Naples, FL 34102

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: *Karen Day*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE *7/14/03* **DAYTIME PHONE #** *239-272-5017*

CR2E034 (4/03)