2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR P02000105911 **DOCUMENT #** 1. Entity Name

METICULOUSLEY YOURS, INC.



FILED Apr 18, 2003 8:00 am Secretary of State

04-18-2003 90231 039 ***150.00

					WE SE				
Principal Place of Business 14100 E. TAMIAMI TRAIL, LOT 74 NAPLES FL 34114		1410	Mailing Address 14100 E. TAMIAMI TRAIL. LOT 74 NAPLES FL 34114						
2. Principal Place of Business			3. Mailing Address			i		 	
Suite, Apt. #, etc.		Suit	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State		City	City & State			4. F	Fi Number 76-0714392		oplied For ot Applicable
Zip	Country	Zip		Country		5. C	ertificate of Status Desired	\$8.75 Ad Fee Require	ditional
	6. Name and Address of Curren	t Register	ed Agent			7. N	ame and Address of New Registered	Agent	
and the second s					Name				
FELT, MARY E				Street	Street Address (P.O. Box Number is Not Acceptable)				
14100 E. TAMIAMI TRAIL, LOT 74 NAPLES FL 34114						-			
1011 220				City	<u>-</u>		FI	Zip Cod	e
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									
FILE NOW!!! FEE IS \$150.00									
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State							 Election Campaign Financing Trust Fund Contribution. 		May Be to Fees
10.	OFFICERS AND DIRECTORS 1			11.	·	ADC	DITIONS/CHANGES TO OFFICERS AN	ID DIRECTOR	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FELT, MARY E 14100 E: TAMIAMI TRAIL, LOT NAPLES FL 34114	74	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3	•		☐ Change	☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition

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: