

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90928 017 \*\*\*150.00

0667627 AB

**DOCUMENT # P26808**



1. Entity Name  
**SERVICES FOR YOU, INC.**

Principal Place of Business  
**400 LOCUST STREET  
SUITE 820  
DES MOINES IA 50309-2334**

Mailing Address  
**400 LOCUST STREET  
SUITE 820  
DES MOINES IA 50309-2334**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **42-1340321**

Applied For  
Not Applicable

CHECK HERE IF MAKING CHANGES

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

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

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	PD	<input type="checkbox"/> Delete
NAME	THURSTON, STAN G	
STREET ADDRESS	400 LOCUST STREET, STE 820	
CITY-ST-ZIP	DES MOINES IA 50309-2334	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	NEIS, ARTHUR V	
STREET ADDRESS	400 LOCUST STREET, STE 820	
CITY-ST-ZIP	DES MOINES IA 50309-2334	
TITLE	SVSD	<input type="checkbox"/> Delete
NAME	KENNY, EDWARD R	
STREET ADDRESS	400 LOCUST STREET, STE 820	
CITY-ST-ZIP	DES MOINES IA 50309-2334	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	HARRISON, MARY J	
STREET ADDRESS	800 NW 17TH AVENUE	
CITY-ST-ZIP	DELRAY BEACH FL 33445	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRUCELLA, JOSEPH M	
STREET ADDRESS	50 MAIN STREET	
CITY-ST-ZIP	CENTERBROOK CT 06409	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Rebecca D. Stearns, Assistant Secretary* 4-8-03 (515) 875-4674

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)