

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000010327

1. Entity Name
PERSONAL ENVIRONMENTS BY SHIRLEY, INC.

Principal Place of Business Mailing Address
8069 13TH AVE S 8069 13TH AVE S
ST PETERSBURG FL 33707 ST PETERSBURG FL 33707

CHANGE - 4/10/02

change 4/10/02

2. Principal Place of Business
6223 Vista Verde Drive West
Suite, Apt. #, etc.

3. Mailing Address
SAME
Suite, Apt. #, etc.

City & State
GULFPORT FL
Zip 33707 Country

City & State
FL SAME
Zip SAME Country

4. FEI Number
58-3299901-7

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

INSOFT, SHIRLEY
8069 13TH AVE S
ST PETERSBURG FL 33707

7. Name and Address of New Registered Agent

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.

SIGNATURE *Shirley Insoft* (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☒ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE P
NAME INSOFT, SHIRLEY, Pres./Secretary/Director
STREET ADDRESS 8069 13TH AVE S
CITY-ST-ZIP ST PETERSBURG FL 33707

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME Joseph INSOFT
STREET ADDRESS
CITY-ST-ZIP Vice President/Treasurer/Director

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Shirley Insoft*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
Jan 09, 2002 8:00 am
Secretary of State

01-09-2002 90007 007 ***158.75



DO NOT WRITE IN THIS SPACE
59 3737763

New #

0445940 AV

CR2E034 (9/01)

1/09/02 (727) 347 8069
Date Daytime Phone #