

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 21, 2001 8:00 am
Secretary of State

03-21-2001 90019 010 ***150.00

DOCUMENT # P95000047793

1. Entity Name

YOUR PERSONAL ASSISTANT, INC.

Principal Place of Business

~~2251 EL DE ORO CIRCLE~~
CLEARWATER FL 33764
US

Mailing Address

2251 EL DE ORO CIRCLE
CLEARWATER FL 33764
US

2. Principal Place of Business

1478 SOUTHRIDGE DR

3. Mailing Address

1478 SOUTHRIDGE DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CLEARWATER, FL

City & State

CLEARWATER, FL

Zip

Country

Zip

Country

33756

USA

33756

USA

4. FEI Number

59-3325464

Applied For

Not Applicable

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

NASH, THOMAS C II
400 CLEVELAND STREET
8TH FLOOR
CLEARWATER FL 34615

Name

THOMAS C. NASH, II

Street Address (P.O. Box Number is Not Acceptable)

625 COURT STREET #200

City

CLEARWATER

FL

Zip Code

33756

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

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

(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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|-----------------------|--|
| TITLE | DV | <input type="checkbox"/> Delete |
| NAME | VAUGHN, MARY M | |
| STREET ADDRESS | 1478 SOUTHRIDGE DRIVE | |
| CITY-ST-ZIP | CLEARWATER FL 34616 | |
| TITLE | DV | <input checked="" type="checkbox"/> Delete |
| NAME | GEORGE, SUELLEN | |
| STREET ADDRESS | 2251 EL DE ORO CIRCLE | |
| CITY-ST-ZIP | CLEARWATER FL 34624 | |
| TITLE | PD | <input checked="" type="checkbox"/> Delete |
| NAME | GEORGE, ROBERT E | |
| STREET ADDRESS | 2251 EL DE ORO CIRCLE | |
| CITY-ST-ZIP | CLEARWATER FL 34624 | |
| TITLE | STD | <input checked="" type="checkbox"/> Delete |
| NAME | BROWN, DAWN | |
| STREET ADDRESS | 2320 FOREST DRIVE | |
| CITY-ST-ZIP | CLEARWATER FL 34623 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|------------|---|
| TITLE | P, S, T, D | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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:

Mary M. Vaughn

MARY M. VAUGHN

3-18-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

727/586-0164

CR2E034 (10/00)