

**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**  
 Suite, Apt. #, etc.

3. Mailing Address

**1478 SOUTHRIDGE DR**  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
**CLEARWATER, FL**

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**CLEARWATER, FL**

4. FEI Number **59-3325464**

Applied For  
 Not Applicable

Zip **33756** Country **USA**

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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) # **200**  
**625 COURT STREET**  
 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: DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

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 3-18-01  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date  
 727/586-0164

CR2E034 (10/00)