

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P95000054137**

1. Entity Name

**ROOMMATES FOR YOU, INC.****FILED****Apr 02, 2001 8:00 am**  
**Secretary of State**

04-02-2001 90092 020 \*\*\*150.00

Principal Place of Business

**2001 PALM BEACH LAKES BLVD.  
SUITE 300-P  
WEST PALM BEACH FL 33409**

Mailing Address

**2001 PALM BEACH LAKES BLVD.  
SUITE 300-P  
WEST PALM BEACH FL 33409****00030181**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

**65-0599440**

Applied For

Not Applicable

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****VARELA, DOREEN M  
224 DATURA STREET  
SUITE 1015  
WEST PALM BEACH FL 33401-5638**

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

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**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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
P STRINGFELLOW, SHARON E 2001 PALM BEACH LAKES BLVD. WEST PALM BEACH FL	<input type="checkbox"/>		<input type="checkbox"/>
S BERG, MICHAEL S 5721 ADAIR WAY LAKE WORTH FL	<input type="checkbox"/>		<input type="checkbox"/>
T BERG, JENNIFER L 5670 MIDDLE COBB DRIVE WEST PALM BEACH FL	<input type="checkbox"/>		<input type="checkbox"/>
V STRINGFELLOW, DONALD 2001 PALM BEACH LAKES BLVD. WEST PALM BEACH FL	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Sharon Stringfellow* Sharon Stringfellow 3/17/01 561 1689-4942

CR2E034 (10/00)