

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2003 8:00 am
Secretary of State

04-04-2003 90118 008 ***150.00

DOCUMENT # P95000054137

1. Entity Name
ROOMMATES FOR YOU, INC.



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**



2. Principal Place of Business

2300 PALM BEACH LAKES BLVD

3. Mailing Address

2300 PALM BEACH LAKES BLVD

Suite, Apt. #, etc.

Suite 201

Suite, Apt. #, etc.

Suite 201

City & State

WPB FL

City & State

WPB FL

Zip

33409

Country

USA

Zip

33409

Country

USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0599440**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

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. 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

TITLE	P	<input type="checkbox"/> Delete
NAME	STRINGFELLOW, SHARON E	
STREET ADDRESS	2001 PALM BEACH LAKES BLVD.	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	BERG, MICHAEL S	
STREET ADDRESS	5721 ADAIR WAY	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	BLACK, JENNIFER	
STREET ADDRESS	3406 AMERICO DR.	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE	V	<input type="checkbox"/> Delete
NAME	STRINGFELLOW, DONALD	
STREET ADDRESS	2001 PALM BEACH LAKES BLVD.	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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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: *Sharon Stringfellow* **Sharon Stringfellow** **4/1/03** **561-689-4942**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)