

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 09, 2003 8:00 am**  
**Secretary of State**

01-09-2003 90032 019 \*\*\*150.00

**DOCUMENT # P96000042302**

1. Entity Name  
**APPEARANCE OF SOUTH FLORIDA, INC.**



Principal Place of Business  
**3423 WOOLBRIGHT ROAD  
BOYNTON BEACH FL 33436**

Mailing Address  
**1701 NE 63RD COURT  
FRT LAUDERDALE FL 33334**



2. Principal Place of Business

**3423 Woolbright Rd**

3. Mailing Address

**3423 Woolbright Rd**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
**Boynton Beach FL**

City & State  
**Boynton Beach FL**

4. FEI Number **65-0662817**

Applied For  
Not Applicable

Zip  
**33436**

Country  
**USA**

Zip  
**33436**

Country  
**USA**

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

6. Name and Address of Current Registered Agent

**WEINSHANK, KATHY  
1701 NE 63RD COURT  
FRT LAUDERDALE FL 33334**

7. Name and Address of New Registered Agent

Name **KATHRYN WEINSHANK**  
Street Address (P.O. Box Number is Not Acceptable)  
**1787 Ocato Rd**  
City **N. Palm Beach** **FL** Zip Code **33408**

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 **Kathryn Weinshank**

**1-7-03**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSTD** ☐ Delete  
NAME **WEINSHANK, KATHY**  
STREET ADDRESS **3423 WOOLBRIGHT RD**  
CITY-ST-ZIP **BOYNTON BEACH FL 33436**

TITLE **President** ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ 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: **Kathryn Weinshank**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-7-03 561 737 4840**  
Date Daytime Phone #

CR2E034 (10/02)