

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000080849

1. Entity Name

FOR YOUR IMAGE, INC.

**FILED**  
**Apr 14, 2000 8:00 am**  
**Secretary of State**

04-14-2000 90015 002 \*\*\*150.00

Principal Place of Business

12811 KENWOOD ALNE  
214  
FT MYERS FL 33907  
US

Mailing Address

12811 KENWOOD LANE  
214  
FT MYERS FL 33907-5648  
US

2. Principal Place of Business

1722 SW 43 Terrace  
Suite, Apt. #, etc.

3. Mailing Address

1616-102, Cape Coral Pkwy  
Suite, Apt. #, etc.  
131

City & State

Cape Coral, FL

City & State

Cape Coral, FL

Zip

33914

Country

Lee

Zip

33914

Country

Lee

4. FEI Number

65-0699741

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

GRUBBS, DAWN R  
12811 KENWOOD LANE #215  
FT MYERS FL 33907

7. Name and Address of New Registered Agent

Name Grubbs, Dawn R

Street Address (P.O. Box Number is Not Acceptable)  
1722 SW 43 Terrace

City Cape Coral

FL

Zip Code 33914

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 *Dawn Grubbs*  
Signature, typed or printed name of registered agent and title if applicable

Dawn Grubbs, President

4-8-2000

(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, 2000 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

TITLE	D	<input type="checkbox"/> Delete
NAME	GRUBBS, DAWN R	
STREET ADDRESS	12811 KENWOOD LANE #213	
CITY-ST-ZIP	FT MYERS FL 33907	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Grubbs, Dawn R	
STREET ADDRESS	1722 SW 43 Terrace	
CITY-ST-ZIP	Cape Coral, FL 33914	
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: *Dawn Grubbs* Dawn Grubbs, Pres. 4-8-2000 941-542-0409  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)