

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000080849

1. Entity Name

FOR YOUR IMAGE, INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90019 049 ***150.00

Principal Place of Business

1722 SW 43 TERRACE
CAPE CORAL FL 33914
US

Mailing Address

1616 -102 CAPE CORAL PKWY
131
CAPE CORAL FL 33914
US

2. Principal Place of Business

5264 Clayton Court

Suite, Apt. #, etc.

2A

City & State

Fort Myers, FL

Zip
33907

Country

Lee

3. Mailing Address

1616-102 Cape Coral Pkwy W.

Suite, Apt. #, etc.

131

City & State

Cape Coral, FL

Zip

33914

Country

Lee



DO NOT WRITE IN THIS SPACE

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
1722 SW 43 TERRACE
CAPE CORAL FL 33914

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 Dawn Grubbs, Pres.

4-17-01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-issuing)

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

TITLE	D	<input type="checkbox"/> Delete
NAME	GRUBBS, DAWN R	
STREET ADDRESS	1722 SW 43 TERRACE 33914	
CITY-ST-ZIP	CAPE CORAL FL 33914	
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		
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		
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

4-17-01 941-277-3130

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)