

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000050810

1. Entity Name

PERSONAL BEST ACTIVE WEAR, INC.

FILED

May 04, 2000 8:00 am  
Secretary of State

05-04-2000 90141 035 \*\*\*150.00

Principal Place of Business

1937 TAYLOR ST.  
HOLLYWOOD FL 33020

Mailing Address

1937 TAYLOR ST.  
HOLLYWOOD FL 33020-4512

2. Principal Place of Business

300 NW 28 STREET

Suite, Apt. #, etc.

3. Mailing Address

300 N.W. 28 STREET

Suite, Apt. #, etc.

City & State

FT. LAUDERDALE, FL

City & State

FT. LAUDERDALE, FL

Zip

33311

Country

U.S.A.

Zip

33311

Country

U.S.A.

4. FEI Number

65-0775518

Applied For

Not Applicable

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

JACOBSON, LENARD J

639 FLAMINGO ISLE DR 300 N.W. 28 ST.  
FORT LAUDERDALE FL 33304 FT LAUD, FL. 33311

Name

LENARD J. JACOBSON

Street Address (P.O. Box Number is Not Acceptable)

300 N.W. 28 ST

City

FT. LAUD

FL

Zip Code

33311

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME D  
JACOBSON, LENNY  
STREET ADDRESS 1937 TAYLOR ST.  
CITY-ST-ZIP HOLLYWOOD FL 33020

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

TITLE ☐ Delete  
NAME D  
JACOBSON, BARBARA E  
STREET ADDRESS 1060 CITRUS WAY  
CITY-ST-ZIP DELRAY BEACH FL 33445

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

TITLE ☐ Delete  
NAME D  
JACOBSON, JULIE M  
STREET ADDRESS 1937 TAYLOR ST.  
CITY-ST-ZIP HOLLYWOOD FL 33020

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

TITLE ☐ Delete  
NAME D  
JACOBSON, ALLISON M  
STREET ADDRESS 2070 HOMEWOOD BLVD #108  
CITY-ST-ZIP DELRAY BEACH FL 33445

TITLE ☐ 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)