

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000053179**

1. Entity Name

PERSONALLY YOURS SERVICES OF CENTRAL FLORIDA, IN

Principal Place of Business

**1840 WEST 49TH STREET
SUITE 305
HIALEAH FL 33012**

Mailing Address

**PO BOX 267085
WESTON FL 33326**

2. Principal Place of Business

2247 Palm Beach Lakes Blvd

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 100

City & State

West Palm Beach, FL

Zip

Country

Zip

33409

Country

USA

6. Name and Address of Current Registered Agent

**REISER, MICHAEL R
1840 WEST 49TH STREET SUITE 105
HIALEAH FL 33012**4. FEI Number **65-0764636**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE



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.

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, 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	PT	<input type="checkbox"/> Delete
NAME	REISER, MICHAEL R	
STREET ADDRESS	1840 WEST 49TH STREET SUITE 105	
CITY-ST-ZIP	HIALEAH FL 33012	

TITLE	VP	<input type="checkbox"/> Delete
NAME	REISER, DONALD	
STREET ADDRESS	1840 WEST 49TH STREET SUITE 105	
CITY-ST-ZIP	HIALEAH FL 33012	

TITLE	VPS	<input type="checkbox"/> Delete
NAME	REISER, JACQUELINE B	
STREET ADDRESS	1840 WEST 49TH STREET SUITE 105	
CITY-ST-ZIP	HIALEAH FL 33012	

TITLE	VP	<input type="checkbox"/> Delete
NAME	REISER, BETTY	
STREET ADDRESS	1840 WEST 49TH STREET SUITE 105	
CITY-ST-ZIP	HIALEAH FL 33012	

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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael R. Reiser

Date

2/5/01

Daytime Phone #

954-384-2853

CR2E034 (10/00)