

2000 UNIFORM BUSINESS REPORT (UBR)

7/12/00-90145-028-\$158.75-\$158.75

DOCUMENT # **P980000 71776**
 1. Entity Name **PERSONALLY YOURS BY PEGGY JEAN, INC.**
1312 PALMDALE COURT
W. PALM BCH, FL, 33411

Principal Place of Business Mailing Address
1312 PALMDALE CT.
W. P. BCH., FL, 33411
USA

2. Principal Place of Business **N/A** 3. Mailing Address
 Suite, Apt. #, etc. **N/A** Suite, Apt. #, etc.
 City & State **N/A** City & State
 Zip Country Zip Country

4. FEI Number **68-0857292** Applied For
 Not Applicable
 5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
AMERILAWYER
343 ALMERIA AVE.
CORAL GABLES, FL, 33134 USA

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 _____ (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 ☐ Delete
 NAME **PRESIDENT**
 STREET ADDRESS **PEGGY J. CLOE**
 CITY-ST-ZIP **1312 PALMDALE COURT**
WEST PALM BCH, FL, 33411
 TITLE ☐ Delete
 NAME **VICE PRESIDENT**
 STREET ADDRESS **JACK L. CLOE**
 CITY-ST-ZIP **1312 PALMDALE COURT**
WEST PALM BCH, FL, 33411
 TITLE ☐ Delete
 NAME **SECRETARY**
 STREET ADDRESS **JACK L. CLOE**
 CITY-ST-ZIP **1312 PALMDALE COURT**
WEST PALM BCH, FL, 33411
 TITLE ☐ Delete
 NAME **TREASURER**
 STREET ADDRESS **PEGGY J. CLOE**
 CITY-ST-ZIP **WEST PALM BCH, FL, 33411**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
 TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 TITLE ☐ Change ☐ Addition
 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 **Peggy J. Cloe** **PEGGY J. CLOE, President** **6-21-00** **561-640-4074**
 DATE DAYTIME PHONE #

CR2E034 (9/99)

SP