

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # *P98000071726*

1. Entity Name

*PERSONALLY YOURS By Peggy Cloe
INC*



DO NOT WRITE IN THIS SPACE

**FILED
Mar 25, 2004 8:00 am
Secretary of State**

03-25-2004 90034 030 ***158.75

94036439

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>W.P.B., FLA. 33411</i>	Suite, Apt. #, etc.	3. Mailing Address <i>1312 PALMDALE CT.</i>	Suite, Apt. #, etc.
City & State <i>W.P.B., FLA.</i>	Zip <i>33411</i>	City & State <i>W.P.B., FLA.</i>	Zip <i>33411</i>
Country <i>USA</i>	Country <i>USA</i>		

4. FEI Number
65-0857292

Applied For
 Not Applicable

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

7. Name and Address of Current Registered Agent

Name
*AMERILAWYER SPEIGEL & ULTRERA, PA
343 ALMERIA AVE.*

City
CORAL GABLES FL Zip Code
33134

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**January 1 - May 1, Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25**

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>PRESIDENT PEGGY CLOE 1312 PALMDALE CT. W.P.B., FLA. 33411</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>V. PRESIDENT JENNIFER DYE 5970 ORANGE W.P.B., FLA. 33413</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>JACK L. CLOE - SECRETARY 1312 PALMDALE CT. W.P.B., FLA. 33411</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>TREASURER PEGGY CLOE 1312 PALMDALE CT. W.P.B., FLA. 33411</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: *Peggy Cloe, President*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-04 561723.0002

Date

Daytime Phone #

CR2E034B (12/02)