


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

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

03-25-2004 90034 030 ***158.75

DOCUMENT # P98000071776	
1. Entity Name PERSONALLY YOURS BY PEGGY JOAN INC	

DO NOT WRITE IN THIS SPACE

94036439

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

4. FEI Number 65-0857292	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name AMERILAWYER SPEIGEL & UTRERA, PA	
Street Address (P.O. Box Number is Not Acceptable) 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 _____ (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	PRESIDENT PEGGY CLOE 1312 PALMDALE CT. W.P.B., FLA., 33411	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V. PRESIDENT JENNIFER DYE 5970 ORANGE W.P.B., FLA., 33413	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JACK L. CLOE - SECRETARY 1312 PALMDALE CT. W.P.B., FLA. 33411	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER PEGGY CLOE 1312 PALMDALE CT. W.P.B., FLA. 33411	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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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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-04 561723.0000
Date Daytime Phone #

CR2E034B (12/02)