FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000071276

1. Entity Name
PERSONALLY YOURS BY PEGGY
JEAN, INC.:

FILED Apr 21, 2003 8:00 am Secretary of State

04-21-2003 91212 007 ***158.75

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Not According Status Desired Statu	13/2 PALM DACE COURT Suite, Apt. Hetc.		Suite, Apt. # etc.						
DO NOT WRITE IN THIS SPACE IN THIS SPACE The above named enthy submits this statement for the purpose of changing its registered agent, or both, in the State of Finds. I am familiar with, and acceptable the obligations of registered agent. A purpose of changing its registered agent, or both, in the State of Finds. I am familiar with, and accept the obligations of registered agent. A purpose of changing its registered agent, or both, in the State of Finds. I am familiar with, and accept the obligations of registered agent. A purpose of changing its registered agent, or both, in the State of Finds. I am familiar with, and accept the obligations of registered agent. A purpose of changing its registered agent, or both, in the State of Finds. I am familiar with, and accept the obligations of registered agent. A purpose of changing its registered agent, or both, in the State of Finds. I am familiar with, and accept the obligations of registered agent. A purpose of changing its registered agent, or both, in the State of Finds. I am familiar with, and accept the obligations of registered agent. A purpose of changing its registered agent, or both, in the State of Finds. I am familiar with, and accept the obligations of registered agent. A purpose of changing its registered agent, or both, in the State of Finds. I am familiar with, and accept the obligations of registered agent. A purpose of changing its registered			City & State FLORIL	O A				 	
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The obligations of registered agent. SIGNATURE January 1: May 1: Fee is \$150.00 After May 1: Fee is \$55.00 Aft		IN THIS SP	ACE	AMER Street Adv 343 COR City	aress (P.O. Bo) ALM AL GA	Number is Not Acceptable FRIA AUE BLES, FLO	RIDA FL	33134	
January 1: May 1: Fee is \$150.00 After May 1: Fee is \$5150.00 After May 1: Fee is \$510.00 After May 1: Fee is \$510.0	the obligations of registered agent. SIGNATURE								
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CITY-ST-ZIP WEST PALM BCH, FLORIDA, 33 4/14 TITLE SECRA TARY STREET ADDRESS CITY-ST-ZIP TITLE TREASURER TALM BCH, FLORIDA 33 4/1/ TITLE TREASURER STREET ADDRESS CITY-ST-ZIP WEST PALM BCH, FLORIDA 33 4/1/ TITLE TREASURER TITLE TREASURER TITLE TREASURER TITLE TREASURER TO BE COUNTY ST-ZIP WEST PALM BCH., FLORIDA, 33 4/1/ TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	CITY-ST-ZIP	West PALM BOTH, FL	ORIDA,334 11	CITY ST-ZIP					
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12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. Further certify that the information	NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP					

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:

MATURE AND PERSON PRINTED NAME OF SIGNING OFFICER OR PIRECTOR

4-16-03 Date 561-683-9295 Daytime Phone #