FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State
05-24-2002 91345 006 ***150.00

DOCUMENT # P99000062427

1. Entity Name
Parenting U International, Inc. (NOW)

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
500 S. Washington Dr.	500 S. Washington Dr.
Suite, Apt. #, etc. 16B	Suite, Apt. #, etc. 16B
City & State Sarasota	City & State Sarasota
Zip 34236 County Sarasota	Zip 34236 Country Sarasota

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0893478 ☐ 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 Current Registered Agent

Name Marlene Resnick

Street Address (P.O. Box Number is Not Acceptable)
500 S. Washington Dr. #16B

City Sarasota FL Zip Code 34236

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 Marlene Resnick
Signature, typed or printed name of registered agent and title if applicable (REQUIRED) Registered Agent's 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) ☐

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	Director, P, V, T, S
NAME	Marlene Resnick
STREET ADDRESS	500 S. Washington Dr. #16B
CITY-ST-ZIP	Sarasota, FL 34236
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C02E0346 (12/01)

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 on an attachment with an address, with all other like empowered.

Marlene Resnick 5/7/2002 941-373-0378
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL AUTHORIZED DIRECTOR OR DIRECTOR — Date — Daytime Phone #
MARLENE RESNICK