2000 UNIFORM BUSINESS REPORT (UBR) **FILED** DOCUMENT # P99000018321 Aug 29, 2000 8:00 am Secretary of State 1. Entity Name PERSONALITY UNISEX, INC. 08-29-2000 90033 030 ***150.00 Principal Place of Business Mailing Address 7005 WHITTER STREET 7005 WHITTER STREET TAMPA FL 33617 **TAMPA FL 33617** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For <u>59-3661438</u> Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DONALDSON, HELEN Street Address (P.O. Box Number is Not Acceptable) 7005 WHITTER STREET **TAMPA FL 33617** City 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 FILE NOW!!! FEE IS \$550.00 Tax filling requirement and elects to do so. 10. Election Campaign Financing After SEPTEMBER 13, 2000 Min. will be \$750.00 \$5.00 May Be Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PSTD TITLE ☐ Delete TITLE ☐ Change ☐ Addition DONALDSON, HELEN NAME 7005 WHITTER STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA FL 33617 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP THE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Defete TITLE NAME

13. I hereby certify that the information supplied with this filling 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 ap address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

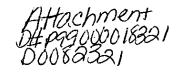
SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #



PERSONALITY UNISEX, INC. 10910 North 30th St. Ste. 108

10910 North 30th St. Ste. 108 Tampa, FL 33612 Tel. (813) 971-9439

Fl Dept. of State P.O. Box 6327 Tallahassee, FL 32314

Dear Sir:

Find attached the 2000 Uniform Business Report. I received this report for the first time a week ago. According to the report's instructions, UBRs are due between January and May of each year. I was unaware of the reporting requirements and did not receive a blank report to be used for filing.

I telephoned your Tallahassee office and explained the above to the telephone person and I was told to send the attached report with \$150.00 and a letter of explanation of why the report is being filed late. I request that the Department of State accept my report as filed on the attached form and waiver any penalties assessable because I did not received a blank form. Not receiving the form was apparently due to a mixed-up by the U.S. Postal service.

Sincerely,

Helen Donaldson Jonaldson

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