

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000036180

1. Entity Name
IMPRESSIONS OF YOU, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90159 041 ***150.00

Principal Place of Business
**31790 US HWY 19 NORTH
PALM HARBOR FL 34684**

Mailing Address
**31790 US HWY 19 NORTH
PALM HARBOR FL 34684-3729**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
31960 US Hwy 19 North
Suite, Apt. #, etc.

3. Mailing Address
31960 US Hwy 19 North
Suite, Apt. #, etc.

City & State
Palm Harbor FL

City & State
Palm Harbor FL

Zip
34684

Country
USA

Zip
34684

Country
USA

4. FEI Number
59-3568308

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**DEVITO, DEBORAH A
31790 US HWY 19 NORTH
PALM HARBOR FL 34684**

7. Name and Address of New Registered Agent
Name
DeVito, Deborah A.
Street Address (P.O. Box Number is Not Acceptable)
2607 8th Court
Wedge Wood
City
Palm Harbor **FL** Zip Code
34684

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	DeVito, Deborah A	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEVITO, DEBORAH A		NAME	2607 8th Court - Wedge Wood	(address)
STREET ADDRESS	31790 US HWY 19 NORTH		STREET ADDRESS	Palm Harbor, FL 34684	(P)
CITY-ST-ZIP	PALM HARBOR FL 34684		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Deborah A DeVito** Date: **April 2000** Daytime Phone #: **727-772-8813**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)