

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000037307

1. Entity Name

PERSONNE, INC.

**FILED**  
**Apr 07, 2000 8:00 am**  
**Secretary of State**

04-07-2000 90047 039 \*\*\*150.00

Principal Place of Business

Mailing Address

371 NW 101 TERRACE  
 CORAL SPRINGS FL

371 NW 101 TERRACE  
 CORAL SPRINGS FL 33071-6830

RU004000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEE Number

65-0913219

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STOBINSKY, JENNIFER  
 371 NW 101 TERRACE  
 CORAL SPRINGS FL

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 *Jennifer Stobinsky*  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*4/3/00*

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 | NAME                | STREET ADDRESS     | CITY-ST-ZIP      | <input type="checkbox"/> Delete |
|-------|---------------------|--------------------|------------------|---------------------------------|
| PSTD  | STOBINSKY, JENNIFER | 371 NW 101 TERRACE | CORAL SPRINGS FL | <input type="checkbox"/>        |
| TITLE | NAME                | STREET ADDRESS     | CITY-ST-ZIP      | <input type="checkbox"/> Delete |
| TITLE | NAME                | STREET ADDRESS     | CITY-ST-ZIP      | <input type="checkbox"/> Delete |
| TITLE | NAME                | STREET ADDRESS     | CITY-ST-ZIP      | <input type="checkbox"/> Delete |
| TITLE | NAME                | STREET ADDRESS     | CITY-ST-ZIP      | <input type="checkbox"/> Delete |
| TITLE | NAME                | STREET ADDRESS     | CITY-ST-ZIP      | <input type="checkbox"/> Delete |
| TITLE | NAME                | STREET ADDRESS     | CITY-ST-ZIP      | <input type="checkbox"/> Delete |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/>        | <input type="checkbox"/>          |
| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/>        | <input type="checkbox"/>          |
| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/>        | <input type="checkbox"/>          |
| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/>        | <input type="checkbox"/>          |
| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/>        | <input type="checkbox"/>          |
| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/>        | <input type="checkbox"/>          |

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 *Jennifer Stobinsky*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*4/3/2000 954-344-6627*