2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P99000037307** Apr 07, 2000 8:00 am Secretary of State PERSONNE, INC. 04-07-2000 90047 039 ***150.00 Principal Place of Business Mailing Address 371 NW 101 TERRACE 371 NW 101 TERRACE CORAL SPRINGS FL 33071-6830 CORAL SPRINGS FL HUUDHOUN 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name STOBINSKY, JENNIFER Street Address (P.O. Box Number is Not Acceptable) 371 NW 101 TERRACE CORAL SPRINGS FL Zip Code FL 8. The above named entity ubmits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. d Agent signature required when reinstating FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2009-Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change ☐ Addition PSTD ☐ Delete TITLE TITLE STOBINSKY, JENNIFER NAME NAME STREET ADDRESS STREET ADDRESS **371 NW 101 TERRACE** CITY-ST-ZIP CITY-ST-ZIP CORAL SPRINGS FL Addition ☐ Change TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS (15) CITY-ST-ZIP CITY-ST-7IP ☐ Change · ☐ Addition TITLE TITLE ☐ Delete 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 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 address, with all other like empowered.

D TYPED OR PRINTED NAME OF SIGNING OFFICER