FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 15, 2002 8:00 am Secretary of State

DOCUMENT # P99000 45343		05-15-2002 90104 007 ***150.00	
DOCUMENT # P990000 45343 1. Entity Name YOU FORIA, INC.			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 590 Equine Drive 3. Mailing Address SAA	n.e		
Suite, Apt. #, etc. Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & State City & State City & State		4. FEI Number 59-3574242	Applied For Not Applicable
Zip Country Zip Zip 34688-7264 USA	Country	5. Certificate of Status/Desired	\$8.75 Additional Fee Required
7. Name and Address of Current Registered Agent Name			
LITTLE BONGTWAITE LIS		CO. Box Number is Not Accordable)	
IN THIS SPACE	59 c	Squire Drive	
	City	and Sources F	Zip Gode
8. The above named entity serimis this statement for the purpose of changing its re	Belandelalate		7264
MAR		4/2	9/02
	Registered Agent signature required	when reinstating) ISATE	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) January 1: May 1: Fee is \$150.00 After May 1: Fee is \$550.00 After May 1: Fee is \$550.00 Trust Fund Contribution. \$5.00 May Be Added to Fees			
11. OFFICERS AND DIRECTORS	S. E. TOPES IN POSE A		
NAME LISA D. TAYLOR	NAME A PART OF THE		
STREET ADDRESS 590 Equine DRIVE 34698-	STREET ADDRESS CITY ST-ZIP	en a capita del collègio del Subbata fishe de la collègio del collègio del collègio del collègio del collègio Collègio del collègio	ave
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STREET ADDRESS CITY-ST-7IP	STREET ADDRESS		
THILE	imic		
NAME STREET ADDRESS	STREET AOURESS		
city-St-ZIP 13. I hereby certify that the information supp/fed with this filling does not qualify for the company of the comp	CITY-ST-ZIP	ction 119.07(3)(i), Flonda Statutes. I further of	ertify that the information
indicated on this report or supplemental report is true and accurate and that my of the corporation or the receiver or trustee empowered to execute this report attachment with an address, with all other like empowered.	y signature shall have the s as required by Chapter 60	same legal effect as if made under oath; that D7, Florida Statutes; and that my name appe	i am an officer or director ars in Block 11 or on an
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SIGNATURE:	R DIRECTOR	Date	Daytime Phone