FILED
Apr 30, 2003 8:00 am
Secretary of State
04-30-2003 90155 005 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

80099096

DOCUMENT # P99000045343

1. Entity Name
YOU FORIA, INC.

Principal Place of Business	Mailing Address
~~590 EQUINE DRIVE~~ ~~TARPON SPRINGS, FL 34688-7264~~	~~2590 EQUINE DRIVE~~ ~~TARPON SPRINGS, FL 34688-7264~~

2. Principal Place of Business	3. Mailing Address
7542 Dunbridge Dr.	7542 Dunbridge Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ODessa	City & State: ODessa Fl.
Zip: Fl. Country: USA	Zip: 33556 Country: Usa

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3574242 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

~~TAYLOR, LISA D~~ Lisa T. Seguin
~~590 EQUIRE DRIVE~~
~~TARPON SPRINGS, FL 34690~~
7542 Dunbridge Drive
ODessa Fl. 33556

7. Name and Address of New Registered Agent

Name: Lisa T. Seguin
Street Address (P.O. Box Number is Not Acceptable): 7542 Dunbridge Dr.
City: ODESSA FL Zip Code: 33556

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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ~~TAYLOR, LISA D~~ ~~590 EQUINE DR.~~ ~~TARPON SPRINGS, FL 346887264~~ ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Lisa T. Seguin 7542 Dunbridge Dr. ODessa Fl. 33556 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ______
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)