

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90048 012 ***150.00

DOCUMENT # P99000048122

1. Entity Name

ESSENTIALLY YOU, INC.

Principal Place of Business

9205 HONEY HILL COURT
WINDERMERE FL 34786

Mailing Address

9205 HONEY HILL COURT
WINDERMERE FL 32835-8033

C0076439



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1484 SHELTER ROCK RD

3. Mailing Address

1484 SHELTER ROCK ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO FL

City & State

ORLANDO FL

4. FEI Number

59-3580204

Applied For

Not Applicable

Zip

32835

Country

U.S.A.

Zip

32835

Country

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BASTEN, YVONNE
9205 HONEY HILL COURT
WINDERMERE FL 34786

7. Name and Address of New Registered Agent

Name **YVONNE BASTEN**

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

1484 SHELTER ROCK ROAD

City

ORLANDO

FL

Zip Code

32835

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

[Signature]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

11.4.00

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

TITLE **PD** ☐ Delete
NAME **BASTEN, YVONNE**
STREET ADDRESS **9205 HONEY HILL COURT**
CITY-ST-ZIP **WINDERMERE FL 34786**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition
NAME **YVONNE BASTEN**
STREET ADDRESS **1484 SHELTER ROCK ROAD** address
CITY-ST-ZIP **ORLANDO FL 32835**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11.4.00

Date

(407) 532-2244

Daytime Phone #