

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State
 05-27-2002 90360 031 ***150.00

DOCUMENT # F19585

1. Entity Name

CROSS STITCH CUPBOARD, INC.

Principal Place of Business

**1600 N.E. 26TH ST.
 FT LAUDERDALE FL 33305**

Mailing Address

**1600 N.E. 26TH ST.
 FT LAUDERDALE FL 33305**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2084138

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

**OWEN RICHARD D.
 1650 NE 26 ST
 FORT LAUDERDALE FL 33305**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2002 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	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
	D	SWARTZWELDER, MITTEN	5820 S.W. 7TH ST. PLANTATION FL				
	D	SWARTZWELDER, KATHY	5820 SW 7TH ST PLANTATION FL				
	DT	OWEN, RICHARD	2621 CLEMATIS PLACE FT LAUDERDALE FL				
	D	OWEN, KAREN	2621 CLEMATIS PLACE FT LAUDERDALE FL				
	PD	IRWIN, WANDA REGENSDO	2632 NE 27TH ST FT LAUDERDALE FL				

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: *Kathy Swartzwelder* **Kathy Swartzwelder** 4-30-02 (954) 563-6363
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)