

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90023 014 ***150.00

DOCUMENT # K89160

1. Entity Name
DESIGNERS EMBROIDERY/J.B. ATHLETIC, INC.

Principal Place of Business
**1027 N FLA MANGO ROAD
 UNIT #3
 WEST PALM BEACH FL 33409
 US**

Mailing Address
**1027 N FLA MANGO ROAD
 UNIT #3
 WEST PALM BEACH FL 33409
 US**



2. Principal Place of Business
3460 FAIRLANE FARMS Rd.

3. Mailing Address
3460 FAIRLANE FARMS Rd.

Suite, Apt. #, etc.
Suite 13

City & State
Wellington FL

Zip
33414

Country
U.S.A.

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0126139** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**CRANSTON, MARY SUE
 1027 N. FLORIDA MANGO RD
 UNIT 3
 W PALM BEACH FL 33409**

7. Name and Address of New Registered Agent
 Name **MARY SUE CRANSTON**
 Street Address (P.O. Box Number is Not Acceptable)
3460 FAIRLANE FARMS RD. Suite 13
 City **Wellington** State **FL** Zip Code **33414**

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 *Mary Sue Cranston* **MARY SUE CRANSTON** *Pratt* **Pratt** *10/26/02*
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 Filing 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	P. CRANSTON, MARY S 12253 ROCKLEDGE CIR BOCA RATON FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTS NEWKIRK, JEFFREY JAMES 4252 HUNTING TRAIL LAKE WORTH FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Jeffrey J. Newkirk* **Jeffrey J. Newkirk** *4-26-02* **4-26-02** *561* **792-5983**
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/01)