

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90469 018 ****61.25

DOCUMENT # N98000006392
 1. Entity Name
SUMMERISLE SPINNERS AND WEAVERS, INC.

Principal Place of Business Mailing Address
649 SW WHITMORE DR **649 SW WHITMORE DR**
PORT ST LUCIE FL 34984 **PORT ST LUCIE FL 34984**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
BUTERA, PEGGY C
1501 SW MERIDIAN AVE
PORT ST LUCIE FL 34953

SAME ONLY NAME is changed

7. Name and Address of New Registered Agent
 Name **Forest R.J. Butera**
 Street Address (P.O. Box Number is Not Acceptable) **1501 SW Meridian Ave**
 City **Port St. Lucie** **FL** Zip Code **34953**

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 *Forest R.J. Butera* DATE *April 28, 2001*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees **Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P/D	<input type="checkbox"/> Delete
NAME	BUTERA, PEGGY C.J.	
STREET ADDRESS	649 SW WHITMORE DR	
CITY-ST-ZIP	PORT ST LUCIE FL 34984	
TITLE	D	<input type="checkbox"/> Delete
NAME	BUTERA, NICOLE	
STREET ADDRESS	1501 SW MERIDIAN AVE.	
CITY-ST-ZIP	PORT ST. LUCIE FL 34953	
TITLE	D	<input type="checkbox"/> Delete
NAME	BUTERA, JOSEPH G JR	
STREET ADDRESS	1501 SW MERIDIAN AVE.	
CITY-ST-ZIP	PORT ST. LUCIE FL 34953	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President / Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Forest R.J. Butera	
STREET ADDRESS	649 SW Whitmore Dr.	
CITY-ST-ZIP	Port St. Lucie FL 34984	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 617, 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: *Forest R.J. Butera* DATE: *April 28, 2001* (561) 879-9400

CR2E037 (10/00)