

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000006534

FILED
May 01, 2002 8:00 AM
Secretary of State

Entity Name: THE BEADED TURTLE, INC.

Current Principal Place of Business:

810 SNELL ISLE BOULEVARD NE
ST PETERSBURG, FL 33704

New Principal Place of Business:

Current Mailing Address:

810 SNELL ISLE BOULEVARD NE
ST PETERSBURG, FL 33704

New Mailing Address:

FEI Number: 59-3622863

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SEDACCA, BETH A
810 SNELL ISLE BOULEVARD NE
ST PETERSBURG, FL 33704

Name and Address of New Registered Agent:

SEDACCA, BETH R
810 SNELL ISLE BOULEVARD NE
ST PETERSBURG, FL 33704

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: BETH R SEDACCA

05/01/2002

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SEDACCA, BETH R
Address: 810 SNELL ISLE BOULEVARD NE
City-St-Zip: ST PETERSBURG, FL 33704

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BETH R SEDACCA

PRES

05/01/2002

Electronic Signature of Signing Officer or Director

Date