2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2000 8:00 am
Secretary of State
03-22-2000 90011 007 ***150.00

825244

DO NOT WRITE IN THIS SPACE

DOCUMENT # P97000106945

1. Entity Name
~~M.D. SAUER, CORPORATION~~
THE SEWING STUDIO FABRIC SUPERSTORE INC.

Principal Place of Business	Mailing Address
1699 COUNTRY CT APOPKA FL 32703-5036	1699 COUNTRY CT APOPKA FL 32703-5036

2. Principal Place of Business	3. Mailing Address
9605 S.HWY 17-92	9605 S.HWY 17-92
Suite, Apt. #, etc.	Suite, Apt. #, etc.
MAITLAND, FL.	MAITLAND, FL.
City & State	City & State
Zip: 32751 Country: USA	Zip: 32751 Country: USA

4. FEI Number 59-3553898 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SAUER, MARK D
1699 COUNTRY CT
APOPKA FL 32703-5036

7. Name and Address of New Registered Agent

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] Mark D Sauer P/D 3/14/00
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, 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SAUER, MARK D 1699 COUNTRY CT APOPKA FL 32703-5036 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/S SAUER, PATRICIA A 1699 COUNTRY COURT APOPKA, FL 32703-5036 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/99)

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] MARK D SAUER 3/14/00 407-831-6488
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #