

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90018 020 ***150.00

05656984 AV

DOCUMENT # P99000057671
 1. Entity Name
EMBROIDERY UNLIMITED, INC.

Principal Place of Business
1325 S.W. VIZCAYA CIRCLE
PALM CITY FL 34990

Mailing Address
1325 S.W. VIZCAYA CIRCLE
PALM CITY FL 34990

2. Principal Place of Business
 Suite, Apt. #, etc.

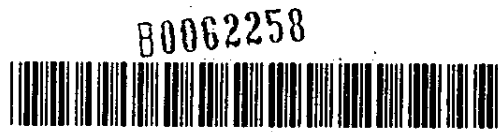
3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number **65-0930549** Applied For
 Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
KACZYNSKI, NANCY
1325 S.W. VIZCAYA CIRCLE
PALM CITY FL 34990

7. Name and Address of New Registered Agent
 Name **Budd, Nancy** (change of name only per marriage on 1-6-00)
 Street Address (P.O. Box Number is Not Acceptable) **1325 SW Vizcaya Circle**
Palm City, FL 34990
 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 Nancy Budd (was Nancy Kaczynski) DATE **4-2-02**
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 Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

| | | |
|--|---|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PT BUDD, NANCY 1325 S.W. VIZCAYA CIRCLE PALM CITY FL 34990 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S BUDD, STEVEN 1325 S.W. VIZCAYA CIRCLE PALM CITY FL 34990 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|--|---|
| 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"/> 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: Nancy Budd - President (Nancy Budd) DATE: **4-2-02** DAYTIME PHONE #: **772-223-8932**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)