

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

****AMENDED****

FILED

02 DEC 11 AM 10:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 441964
1. Entity Name
The Canvas Shop, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
680 Old Dixie Hwy
Suite, Apt. #, etc.

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

City & State
Vero Beach, FL

City & State

Zip
32962

Country
Indian River

4. FEI Number
59-1499870

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

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7. Name and Address of Current Registered Agent

Name
John Mann

Street Address (P.O. Box Number is Not Acceptable)
680 Old Dixie Hwy

City
Vero Beach

FL

Zip Code
32962

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 John J. Mann 12/5/02
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)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	President, Director John Mann 680 Old Dixie Hwy Vero Beach, FL 32962
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Vice President John Mann 680 Old Dixie Hwy Vero Beach, FL 32962
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Treasurer John Mann 680 Old Dixie Hwy Vero Beach, FL 32962
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Secretary Patti Evenson 680 Old Dixie Hwy Vero Beach, FL 32962
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12/11/02--01060--001 **\$1.25

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: John J. Mann President 12/5/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)

12/12