

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**


**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 92205 017 \*\*\*150.00

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**DOCUMENT # 441964**

1. Entity Name  
**THE CANVAS SHOP, INC.**



Principal Place of Business  
675 4 ST  
P O BOX 1122  
VERO BEACH FL 32961

Mailing Address  
675 4 ST  
P O BOX 1122  
VERO BEACH FL 32961



2. Principal Place of Business  
**680 Old Dixie Hwy.**

3. Mailing Address  
**680 Old Dixie Hwy**

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
**Vero Beach, FL**

City & State  
**Vero Beach, FL**

Zip  
**32962** Country  
**US**

Zip  
**32962** Country  
**US**

4. FEI Number **59-1499870** Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**MCKINNON, CHARLES R.**  
**979 BEACHLAND BLVD.**  
**VERO BEACH FL**

7. Name and Address of New 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE John F. Mann **JOHN F. MANN PRES.** DATE **4/30/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>BARTLETT, ALFRED A</b> <b>1966 COMMERCE AVE</b> <b>VERO BEACH FL</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>BARTLETT, POLLY</b> <b>1966 COMMERCE AVE</b> <b>VERO BEACH FL</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BARTLETT, POLLY R.</b> <b>1966 COMMERCE AVE</b> <b>VERO BEACH FL</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>John Mann, Pres.</b> <input type="checkbox"/> Delete <b>680 Old Dixie Hwy.</b> <b>Vero Beach, FL 32962</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Patti Evenson, Sec.</b> <input type="checkbox"/> Delete <b>680 Old Dixie Hwy</b> <b>Vero Beach, FL 32962</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>John Mann, Pres.</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>680 Old Dixie Hwy.</b> <b>Vero Beach, FL 32962</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Patti Evenson, Sec.</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>680 Old Dixie Hwy.</b> <b>Vero Beach, FL 32962</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 607, 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: John F. Mann **JOHN F. MANN PRES** DATE **4/30/03** DAYTIME PHONE # **772-567-2037**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)