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

## **FILED** Feb 27, 2003 8:00 am Secretary of State

PRIVATE PLACE OF Business 27th RE RINGS RD. SARASOTA FL 3429  2. Finnings Place of Business 27th RE RINGS RD. SARASOTA FL 3429  2. Finnings Place of Business 32th RE RINGS RD. SARASOTA FL 3429  2. Finnings Place of Business 32th Re RINGS RD. SARASOTA FL 3429  2. Finnings Place of Business 32th Re RINGS RD. SARASOTA FL 3429  2. Finnings Place of Business 32th Re RINGS RD. SARASOTA FL 3429  2. Finnings Place of Business 32th Re RINGS RD. SARASOTA FL 3429  2. Finnings Place of Business 32th Re RINGS RD. SARASOTA FL 3429  2. Finnings Place of Business 32th Re RINGS RD. SARASOTA FL 3429  3. Maining Address at Current Registered Agent	DOCUMENT # F0100000556  1. Enlity Name LANDINGS-VIKING SEWING CENTERS INC.								02-27-200	<i>)</i>	30	130.00	
Suite, Apt. P., etc.   CHECK HERE IF MAKING CHANGES    City & State   Check HERE IF MAKING CHANGES    Zip   Country   Zip   Country   Se. Certificato of Status Deserce   Se. 75 Additional For Mod Applicable    Road Address of Current Registered Agent   77. Name and Address of New Registered Agent   New Papel Make    CORPORATION SERVICE COMPANY    201 HAYS STREET   Street Address (P.O. Box Number is Not Acceptable)    Street Address (P.O. Box Number is Not Acceptable)    City   FL   Zip Code    Tall AHASSEE F1 32301-2525    City   FL   Zip Code    The obligations of payment under design submits this statement for the purpose of charaging its registered agent, or bost, in the State of Florida. I am tam-lies with, and acceptable    Signature   Flee Now/III FEE IS \$150.00    After May 1, 2003 Fee will be \$350.00    Make Check Payable to Florida Department of State    Office Registered Agent will be \$350.00    Make Check Payable to Florida Department of State    Office Registered Agent will be \$350.00    Make Check Payable to Florida Department of State    Office Registered Agent will be \$350.00    Make Check Payable to Florida Department of State    Office Registered Agent will be \$350.00    Make Check Payable to Florida Department of State    Office Registered Agent will be \$350.00    Make Check Payable to Florida Department of State    Office Registered Agent will be \$350.00    Make Check Payable to Florida Department of State    Office Registered Agent will be \$350.00    Make Check Payable to Florida Department of State    Office Registered Agent will be \$350.00    Make Check Payable to Florida Department of State    Office Registered Agent will be \$350.00    Make Check Payable to Florida Department of State    Office Registered Agent will be \$350.00    Make Check Payable to Florida Department of State    Office Registered Agent will be \$350.00    Office Registered Agent will be \$350.0	2781 BEE RIC					 							
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Second   S	Suite, Apt.	M, etc.	Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES					
S. Certification of Status Desired   Short Desired   Short Population   Short Foundation	,											-	
CORPORATION SERVICE COMPANY 1201*HAYS STREET TALLAHASSEE FL 32301-2525  8. The above named antity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of parents registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of parents registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of parents registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of parents registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of parents registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of parents registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of parents registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of parents registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of parents registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of parents registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of parents registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of parents registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of parents registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of parents registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of parents registered agent, or both, in the State of Florida.  In It I also Addition of Florida Department of State of Pool State of P	Zip				try /~		5. Certificate of Status Desired  Fee Requir						
1201-HAYS STREET TALLAHASSEE FI. 32301-2525  8. The above named antity submits this statement for the purpose of changing its rog stored office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of perstand agent.  SIGNATURE    FILE NOW!II FEE IS \$150.00	<u> </u>	6. Name and Address of Current	7. Name	and Address of New Rec	istered Agent			=					
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. I am familiar with, and accept the obligations of personal agent.  SIGNATURE     DATE     DATE    FILE NOW!IN FEE IS \$150.00 After May 1, 2003 Fee will be \$\$50.00 Make Check Payable to Florida Department of State    10. OFFICERS AND DIRECTORS   11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE   PNST   WILLIAMSON, RUTH A   Delete   MALE   MALE    SIRET ADDRESS   DIP ST. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE   Delete   TITLE   Delete   MALE    NAME   SIRET ADDRESS   DELETA   DELETE   DELETE    TITLE   Delete   TITLE   Delete   MALE    NAME   SIRET ADDRESS   DIP ST. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE   Delete   TITLE   Delete   MALE    NAME   SIRET ADDRESS   DIP ST. ADDRESS    CITY-ST-ZP   DELETE   DELETE   DELETE    TITLE   Delete   MALE   DELETE    TITLE   MALE   DELETE   DELETE    TITLE   DELETE   DELETE   DELETE						Street A	street Address (P.O. Box Number is Not Acceptable)						
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NAME			DIRECTOR					ADDITIO	NS/CHANGES TO OFFIC				٦,
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19. I have but earlied that the information ourselfed with this filled does not qualify for the automation outside A	NAME STREET ADDRESS CHTY-ST-ZIP				NAME STREE CITY-S	T ADDRESS ST-ZIP	-		•				