

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

Pg. 1 of 2

DOCUMENT # F99000002654

1. Entity Name
OLD TOWN CRAFTS, INC.

00 SEP 18 PM 3:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
101 EAST WEED STREET 101 EAST WEED STREET
ST. MARYS GA 31550 ST. MARYS GA 31550



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number 58-2142262 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AMARI, PAULA L
2163 B SADLER ROAD
AMELIA ISLAND FL 32034

Name Paula L. Amari
Street Address (P.O. Box Number is Not Acceptable)
811 SOUTH 8TH STREET
Amelia Island FL 32034

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 _____ (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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	PV AMARI, FRANCIS JOHN 108 ROSE DEW COURT ST. MARYS GA 31558	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST AMARI, PAULA L 108 ROSE DEW COURT ST. MARYS GA 31558	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
100003441881--3 -10/27/00--01024--022 ****150.00 ****150.00	<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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Paula L. Amari SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # 912 882 9000

OLD TOWN CRAFTS, INC.
101 EAST WEED STREET
ST. MARYS, GEORGIA 31558
(877) 313-6745 (912) 882-9000 (912) 576-3663/FAX
OPEN 7 DAYS A WEEK 10:00 A.M. - 5:00 P.M.
www.oldtowncrafts.com bubbles@camcomp.com

Sept. 13, 2000

Division of Corporations
Attached is my UBR.

I am rather new
at this and
do not remember
receiving this form in
the past.

Hopefully, it is
filled out correctly.
The only thing that is
changed is the address
of the registered agent.

Sincerely,

Paula J. O'Neil