

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # G77024**

1. Entity Name

BEST SEWING & VACUUM CLEANER CENTER, INC.**FILED**
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90066 025 ***150.00

Principal Place of Business

1107 CIMARRON CIR NW
BRADENTON FL 34209
US

Mailing Address

PO BOX 14340
BRADENTON FL 34280
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2348579**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

ARPAIA, FRANK V., ESQUIRE
428 12TH STREET WEST
BRADENTON FL 34205

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when re-registering)

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 \$150.00**
After MAY 1, 2001 Fee will be \$350.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	CHALTIS, WILLIAM S	
STREET ADDRESS	1107 CIMARRON CIR NW	
CITY-STATE-ZIP	BRADENTON, FL 00000	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHALTIS, CONNIE A.	
STREET ADDRESS	1107 CIMARRON CIR NW	
CITY-STATE-ZIP	BRADENTON FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	DAVENPORT, ROY	
STREET ADDRESS	1003 CIMARRON CIR NW	
CITY-STATE-ZIP	BRADENTON FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAVENPORT, WENDY	
STREET ADDRESS	1003 CIMARRON CIR NW	
CITY-STATE-ZIP	BRADENTON FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

Date

Daytime Phone #

4/18/01 941-792-3743

CR2E034 (10/00)