2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

K41788 **DOCUMENT #**

1. Entity Name

SEWING STUDIO PROPERTIES INC



Jan 21, 2003 8:00 am Secretary of State
01-21-2003 90198 007 ***150.00 **FILED**

SEVVING STUDIO PROPERTIES, TVO.					O WE TO				
Principal Place 861 W MORSE P.O. BOX 9406 MAITLAND FL	BLVD.#250/ WINTER PARK. FL 58	861 V P.O.	Mailing Address 861 W MORSE BLVD.#250/ WINTER PARK. FL P.O. BOX 940658 MAITLAND FL 32794-7658						
2. Principal Pla	ace of Business	3. Mail	3. Mailing Address						J2011 018J4 1001
Suite, Apt. #	ŧ, etc.	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State		City & State			4. F	El Number 59-2250985	<u> </u>	oplied For ot Applicable	
Zip 🐧	Country	Zip Cour				5. 0	5. Certificate of Status Desired S8.75 Additional Fee Required		
	6. Name and Address of Curren	t Registere	ed Agent			7. N	lame and Address of New Registe	red Agent	
·					Name	-	,		I
BROWN, DON L 200 NORTH THORNTON AVENUE					Street Address	(P.O. Box Number is Not Acceptable)			
ORLANDO							<u> </u>		
					City	-		FL Zip Coo	
8. The above the obligati	named entity submits this statement ons of registered agent.	for the purp	oose of changing its re	egistered	office or registe	ered ag	ent, or both, in the State of Florida.	I am familiar with,	and accept
SIGNATURE _	Signature, typed or printed name of registered age	ent and title if app	olicable. (NOTE: I	Registered A	gent signature require	ed when re	einstating) E	ATE	
		-		_					
	LE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00	0					 Election Campaign Financing Trust Fund Contribution. 		00 May Be d to Fees
Make Check	Payable to Florida Department	of State							
10.	OFFICERS AN	ID DIRECTO	ORS	11.		AD	DITIONS/CHANGES TO OFFICERS		
TITLE	PD		Delete	TITLE				Change	Addition
NAME	MOGUL, RUTH N.			NAME.	ADDRESS				
STREET ADDRESS	861 W MORSE BLVD. WINTER PARK FL			CITY-S	i				
CITY-ST-ZIP	WINTER FARK I'L		[7] Dalata	TITLE				☐ Change	Addition
TITLE NAME			☐ Delete	NAME					
STREET ADDRESS				STREET	ADDRESS	ن			
CITY-ST-ZIP				CITY-S	iT-ZIP				
TITLE		-	Delete T	TITLE	- '	-= +	e de la companya de l	Change	☐ Addition
NAME				NAME					
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP				CITY-S	01-217	•••		☐ Change	☐ Addition
TITLE			☐ Delete	TITLE				change	
NAME STREET ADDRESS					ADDRESS				
CITY-ST-ZIP				CITY-5	1			49	
TITLE			☐ Delete	TITLE				☐ Change	☐ Addition
NAME				NAME					
STREET ADDRESS				STREET	F ADDRESS	•			•
CITY-ST-ZIP				CITY-S	ST-ZIP				
TITLE			Delete	TITLE	ļ			Change	Addition
NAME				NAME					
STREET ADDRESS				STREET CITY-S	FADDRESS				
CITY-ST-ZIP	certify that the information supplied v		a does not avalle. for			Section	119 07(3)(i) Florida Statutes I furth	er certify that the	information
12. Thereby	certify that the information supplied v	vith this filin	g does not qualify for	me exem	ibrion stated in a	Section	Tradition of the state of the s	is some an affice	

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:

MANUTE BEQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407-647-5/11