

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90607 007 ***150.00

00002944
 AV

DOCUMENT # L22791

1. Entity Name
MAJOR CANVAS AWNINGS, INC.

Principal Place of Business 2121 SW CONANT AVE PORT ST. LUCIE FL 34953 US	Mailing Address 2121 SW CONANT AVE PORT ST. LUCIE FL 34953 US
---	---

500044



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 460 N.W. Concourse Place Suite, Apt. #, etc. Suite 9 City & State Port St. Lucie, Florida	3. Mailing Address 460 N.W. Concourse Place Suite, Apt. #, etc. Suite 9 City & State Port St. Lucie, Florida
--	--

4. FEI Number 65-0102508	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

Zip 34986	Country US	Zip 34986	Country US
---------------------	----------------------	---------------------	----------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
--	---------------------------------------

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GIANINO, PETER
38 E OCEAN BOULEVARD
STUART FL 34994

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

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (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 \$150.00
After May 1, 2002 Fee will be \$550.00
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	PSD RUHSTRAT, DIETER 1122 SW SWAN LAKE CIR PORT ST LUCIE FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		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: _____ **SKAWAN REQUIRED** *04-24-02* **772-336-9500**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)