

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Mar 01, 2001 8:00 am
Secretary of State

03-01-2001 90035 009 ***150.00

DOCUMENT # M702571. Entity Name
AL WEISS ART NEEDLEWORK, INC.

Principal Place of Business

% KATHLEEN ANN HARRISON
2034 EDENFIELD PLACE #4
LAKELAND FL 33801

Mailing Address

% KATHLEEN ANN HARRISON
2034 EDENFIELD PLACE #4
LAKELAND FL 33801

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 **59-2913573**Applied For
Not Applicable5. 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

HARRISON, KATHLEEN, ANN
2034 EDENFIELD PLACE #4
LAKELAND FL 33801

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| 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 |
|-------|------|------------------------|----------------------|---------------------------------|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
| | VD | HARRISON, AUBREY | 2034 EDENFIELD PL #4 | | | | | | | |
| | | LAKELAND FL | | | | | | | | |
| | PTSD | HARRISON, KATHLEEN ANN | 2034 EDENFIELD PL #4 | | | | | | | |
| | | LAKELAND FL | | | | | | | | |
| | D | WEISS, ALFRED M. | 631 LONE PALM DR | | | | | | | |
| | | LAKELAND FL | | | | | | | | |
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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: Kathleen Ann Harrison

KATHLEEN ANN HARRISON

2/2/2001

(863) 688-4474

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)