2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N97000002207

Entity Name: NEAT STUFF, INC.

FILED Apr 26, 2003 Secretary of State

Current P	rincipal Place of Business:	New Principal Place of Business:
2624 NW MIAMI, FL		
Current N	lailing Address:	New Mailing Address:
2624 NW MIAMI, FL		
El Number	: 65-0746714 FEI Number Applied	For () FEI Number Not Applicable () Certificate of Status Desired ()
Name and	d Address of Current Registered	Agent: Name and Address of New Registered Agent:
BETZ, GIL 2025 SW : MIAMI, FL	32ND AVE	
	e named entity submits this stateme e of Florida.	ent for the purpose of changing its registered office or registered agent, or both,
	e of Florida.	ent for the purpose of changing its registered office or registered agent, or both,
n the Stat	e of Florida.	
n the Stat	e of Florida.	istered Agent Date
n the Stat	e of Florida. RE: Electronic Signature of Reg	istered Agent Date
n the Stati BIGNATU DFFICER Title: Name: Address: City-St-Zip: Title: Name: Address:	e of Florida. RE: Electronic Signature of Reg S AND DIRECTORS: DP () Delete KRUG, PHYLLIS 15190 SW 80TH AVENUE	istered Agent Date ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR Title: () Change () Addition Name: Address:
n the Stati BIGNATU DFFICER Fitle: Name: Address:	e of Florida. RE: Electronic Signature of Reg S AND DIRECTORS: DP () Delete KRUG, PHYLLIS 15190 SW 80TH AVENUE MIAMI, FL 33158 DT () Delete CZERWINSKI, LINDSAY 12460 SW 69TH COURT	istered Agent ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR Title: () Change () Addition Name: Address: City-St-Zip: Title: DT (X) Change () Addition Name: PHILLIPS, DON Address: 9330 SW 66 STREET

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DON PHILLIPS DT 04/26/2003