

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 16, 2002 8:00 am**  
**Secretary of State**

05-16-2002 90053 038 \*\*\*158.75

DOCUMENT # P00000047823  
1. Entity Name  
EMBROIDERY INTERNATIONAL, INC

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <u>1685 N. FLORIDA MANGO RD</u>	3. Mailing Address <u>1685 N. FLORIDA MANGO RD</u>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State <u>WEST PALM BEACH, FL</u>	City & State <u>WEST PALM BEACH, FL</u>	4. FEI Number <u>65-1006899</u>	Applied For Not Applicable
Zip <u>33409</u>	Country <u>USA</u>	Zip <u>33409</u>	Country <u>USA</u>
		5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name NANCY GAGE BUSSEY  
Street Address (P.O. Box Number is Not Acceptable)  
1685 NORTH FLORIDA MANGO RD  
City WEST PALM BEACH FL Zip Code 33409

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 NANCY GAGE BUSSEY 4/26/02  
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) <input checked="" type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>D BUSSEY, NANCY GAGE 1685 N. FLORIDA MANGO RD WEST PALM BEACH, FL 33409</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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CR2E034B (12/01)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: NANCY GAGE BUSSEY 4/26/02 561-683-0640  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #