

DOCUMENT # P00000087512

1. Entity Name

EMBROIDERED MEMORIES, INC.

Principal Place of Business

Mailing Address

8011 HIAWATHA
TAMPA FL 336158011 HIAWATHA
TAMPA FL 33615

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

OLSON, RITA
8011 HIAWATHA
TAMPA FL 33615

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	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
D	RIVERA, CHRISTINE	8713 MCADAM PL.	TAMPA FL 33634				
D	HEAVILAND, DAVID	7234 14TH ST. NORTH	ST. PETERSBURG FL 33702				
D	HEAVILAND, MARK	5007 BLAKE DR.	FEDERICKSBURG VA 22407				
D	HEAVILAND, MICHAEL	3930 S. ROOSEVELT BLVD.	KEY WEST FL 33040				
D	HEAVILAND, TIMOTHY	310 CARL CEDAR HILL RD.	WINDER GA 30680				
D	OLSON, ROBERT	8011 HIAWATHA	TAMPA FL 33615				

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-01

Date

813-889-0228

Daytime Phone #

1/13

FILED

Feb 12, 2001 8:00 am
Secretary of State

01-13-2001 90065 028 ***150.00



DO NOT WRITE IN THIS SPACE

593672343

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

CR2034 (10/00)