

FILED  
May 29, 2002 8:00 am  
Secretary of State

04-09-2002 90006 048 \*\*\*150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000005329

1. Entity Name  
THE STRIPED APRON, INC.

Principal Place of Business  
1307 NOTTINGHAM STREET  
ORLANDO FL 32803

Mailing Address  
1307 NOTTINGHAM STREET  
ORLANDO FL 32803

87682



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
463 WEST NEW ENGLAND

3. Mailing Address  
463 W. NEW ENGLAND

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
WINTER PARK FL

City & State  
WINTER PARK FL

4. FEI Number  
59-3694527

Applied For  
Not Applicable

Zip  
32789

Country  
ORANGE

Zip  
32789

Country  
ORANGE

5. 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

SCHUMANN, KATHLEEN D  
1307 NOTTINGHAM STREET  
ORLANDO FL 32803

Name  
Rick D. Krack CPA

Street Address (P.O. Box Number is Not Acceptable)  
1384 AYERSWOOD COURT

~~PO BOX 196458~~

City  
Winter Springs FL Zip Code 32789

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

*[Handwritten Signature]*

2/14/02

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)

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  
D  
SCHUMANN, KATHLEEN D  
1307 NOTTINGHAM STREET  
ORLANDO FL 32803  Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
 Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
GLENN PARTIN  
1850 Whitehall Dr. O-D  
Winter Park, FL 32789  Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
 Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Richard O. Robert  
1850 Whitehall Dr. O-D  
Winter Park, FL 32789  Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
 Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
 Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
 Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
 Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
 Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
 Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
 Change  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 empowers.

SIGNATURE:

*[Handwritten Signature]*

2/14/02 4076291030

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E034 (9/01)