

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 29, 2002 8:00 am**  
**Secretary of State**

04-29-2002 90028 020 \*\*\*150.00

**DOCUMENT # P01000024276**

1. Entity Name  
**SEW WHAT? INC.**

Principal Place of Business

**2120 58TH AVENUE  
 SUITE 138  
 VERO BEACH FL 32966**

Mailing Address

**2120 58TH AVENUE  
 SUITE 138  
 VERO BEACH FL 32966**

2. Principal Place of Business

**2146 - 58th Ave**

Suite, Apt. #, etc.

3. Mailing Address

**2146 - 58th Ave**

Suite, Apt. #, etc.

City & State

**VERO BEACH FL**

City & State

**VERO BEACH FL**

4. FEI Number

**65-1085291**

Applied For

Not Applicable

Zip

**32966**

Country

**USA**

Zip

**32966**

Country

**USA**

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**PERRY, MARK A  
 50 S.E. 4TH AVENUE  
 DELRAY BEACH FL 33483**

7. Name and Address of New Registered Agent

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

*Elizabeth Van Lennep* **ELIZABETH VAN LENNEP, SEC 4/15/02**

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	CARROLL-HICKMAN, ROBIN	
STREET ADDRESS	12929 40TH NORTH	
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411	
TITLE	STD	<input type="checkbox"/> Delete
NAME	VAN LENNEP, ELIZABETH	
STREET ADDRESS	6888 SKYLINE DRIVE	
CITY-ST-ZIP	DELRAY BEACH FL 33446	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HICKMON-CARROLL, ROBIN	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 jobs empowered.

SIGNATURE:

*Elizabeth Van Lennep* **ELIZABETH VAN LENNEP 772-299-7021**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/15/02**

Daytime Phone #

CR2E034 (9/01)