

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90283 027 ***150.00

0204329 AV

DOCUMENT # **P01000086360**



1. Entity Name
SEW FAR SEW GOOD, INC.

Principal Place of Business
**4195 SEA MIST WAY
WELLINGTON FL 33467**

Mailing Address
**4195 SEA MIST WAY
WELLINGTON FL 33467**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-1137754**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GELLER, JEFFREY S
C/O EDWARDS & ANGEL LLP
ONE NORTH CLEMATIS STREET SUITE 400
WEST PALM BEACH FL 33401-5552

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

(NOTE: Registered Agent signature required when reinstating)

4/16/03

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|----------------|--|
| TITLE | D <input type="checkbox"/> Delete |
| NAME | KREBS, FELICE |
| STREET ADDRESS | 4195 SEA MIST WAY |
| CITY-ST-ZIP | WELLINGTON FL 33467 |
| TITLE | D <input type="checkbox"/> Delete |
| NAME | KREBS, STEVEN C |
| STREET ADDRESS | 4195 SEA MIST WAY |
| CITY-ST-ZIP | WELLINGTON FL 33467 |
| TITLE | <input type="checkbox"/> Delete |
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| STREET ADDRESS | |
| CITY-ST-ZIP | |

12. 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 10 or Block 11 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

4/15/03

Date

561 333-7893

Daytime Phone #

CR2E034 (10/02)