2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P02000009432 **DOCUMENT#**

1. Entity Name

JEAN'S CRAFT SUPPLIES INC



FILED Mar 04, 2003 8:00 am Secretary of State
03-04-2003 90075 022 ***150.00

Making Address Sum Apr. 1 and South St. 100 St. 10	JEAN S CI	AAFT SOFFLIES, INC.							
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S. Chemical Desired Serviced 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent YEAMAN, CAROL 12471 SE 61ST CT BELLEVIEW FL 34420 City City FL Zip Code Fl Zip Code Fl Zip Code City Fl Zip Co	City & State		City & State			4. FEI Number 27-0002977			Ì
Name	Zip	Country	Zip	Cour	ntry	5. Certificate of Status Desired			l
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Section Addition Section Campaign Financing Section Campaign Financi					Name				
BELLEVIEW FL 34420 8. The above named only submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of Florida familiar with, and accept the familiar with a familiar with, and accept the familiar with a familiar wit	•		,	Street Address		(P.O. Box Number is Not Acceptable)			
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									
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r nereby certify that the information supplied with this niling 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 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

Daytime Phone #