FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90142 028 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

90073573

DOCUMENT # P02000024260

1. Entity Name
THE BEAD WAREHOUSE INCORPORATED

Principal Place of Business	Mailing Address
6001 BENJAMIN ROAD TAMPA, FL 33634	6001 BENJAMIN ROAD TAMPA, FL 33634

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
6001 Benjamin Road	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tampa	City & State
Zip: 33634 Country	Zip Country

4. FEI Number: 04-3614545 ☐ Applied For ☐ Not Applicable

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
A1A CORPORATE SERVICES INC. 218 SOUTHERN COUNTRY LANE QUINCY, FL 32351	Name: Marybeth Sheridan Street Address (P.O. Box Number is Not Acceptable): 905 Taray de Avila City: Tampa FL

905 Taray de Avila Tampa, Fl 33613

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 [signature] President Marybeth Sheridan 4-3-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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	PDV ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SHERIDAN, MARYBETH	NAME	
STREET ADDRESS	905 TARAY DE AVILA	STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33613	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (10/02)

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] Marybeth Sheridan 4-3-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

813-269-2367