

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90234 025 ***150.00

DOCUMENT # P02000126758

1. Entity Name
MY SCRAPBOOK SHOPPE, INC.



Principal Place of Business
**5063 GREENWAY DRIVE
NORTH PORT FL 34287**

Mailing Address
**5063 GREENWAY DRIVE
NORTH PORT FL 34287**

2. Principal Place of Business
2150-09 TAMiami TRAIL
Suite, Apt. #, etc.

3. Mailing Address
2150-09 TAMiami TRAIL
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
PORT CHARLOTTE FL
Zip
33948
Country
CHARLOTTE

City & State
PORT CHARLOTTE FL
Zip
33948
Country
CHARLOTTE

4. FEI Number
03-0495463

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**STEVENS, GERALD W
5063 GREENWAY DRIVE
NORTH PORT FL 34287**

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

SIGNATURE Gerald W. Stevens, GERALD W. STEVENS, PRESIDENT
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

2/7/03
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 **PD** ☐ Delete
NAME **STEVENS, GERALD A**
STREET ADDRESS **5063 GREENWAY DRIVE**
CITY-ST-ZIP **NORTH PORT FL 34287**

TITLE **PD** ☒ Change ☐ Addition
NAME **STEVENS, GERALD W.**
STREET ADDRESS **5063 GREENWAY DRIVE**
CITY-ST-ZIP **NORTH PORT FL 34287**

TITLE **VD** ☐ Delete
NAME **CARROLL, GEORGETTE M**
STREET ADDRESS **1872 HAMIESON ROAD**
CITY-ST-ZIP **HAVANA FL 32333**

TITLE **VD** ☒ Change ☐ Addition
NAME **CARROLL, GEORGETTE M**
STREET ADDRESS **1872 JAMIESON ROAD**
CITY-ST-ZIP **HAVANA FL 32333**

TITLE **VSTD** ☐ Delete
NAME **STEVENS, DONNA M**
STREET ADDRESS **5063 GREENWAY DRIVE**
CITY-ST-ZIP **NORTH PORT FL 34287**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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TITLE ☐ Change ☐ Addition
NAME
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: Gerald W. Stevens, GERALD W. STEVENS, PRES. 2/7/03 (941) 627-6444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)