

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90044 016 ***150.00

DOCUMENT # P96000086811

1. Entity Name
SEW SO COUNTRY, INC.

Principal Place of Business 3705 TAMPA ROAD SUITE 2 OLDSMAR FL 34677	Mailing Address 3705 TAMPA ROAD SUITE 2 OLDSMAR FL 34677
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 10201 TRANQUIL LN.	3. Mailing Address 10201 TRANQUIL LN.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Odessa, FL	City & State Odessa, FL	4. FEI Number 59-3410114	Applied For <input type="checkbox"/> Not Applicable
Zip 33556	Country Hillsborough	Zip 33556	Country Hillsborough

6. Name and Address of Current Registered Agent

**DEVOE, JANET F
 3705 TAMPA ROAD
 SUITE 2
 OLDSMAR FL 34677**

7. Name and Address of New Registered Agent

**Devoe, JANET F.
 10201 TRANQUIL LANE
 Odessa FL 33556**

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: *Janet F. Devoe* **JANET F. DEVOE, President** DATE: **2/18/02**

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	Delete <input type="checkbox"/>	TITLE President	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME DEVOE, JANET F		NAME Devoe, JANET F.	
STREET ADDRESS 3705 TAMPA ROAD, SUITE 2		STREET ADDRESS 10201 TRANQUIL LANE	
CITY-ST-ZIP OLDSMAR FL 34677		CITY-ST-ZIP Odessa, FL 33556	
TITLE	Delete <input type="checkbox"/>	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	Delete <input type="checkbox"/>	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	Delete <input type="checkbox"/>	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	Delete <input type="checkbox"/>	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 like empowered.

SIGNATURE: *Janet F. Devoe* **JANET F. DEVOE** DATE: **2/18/02** DAYTIME PHONE #: **813-553-392**

CR2E034 (9/01)