

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000055458

1. Entity Name

THE ARTFUL STITCH, INC.

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90108 031 ***150.00

Principal Place of Business

Mailing Address

634 SUGARWOOD CT
 VENICE FL 34292

634 SUGARWOOD CT
 VENICE FL 34293-7243

2. Principal Place of Business

547 LAUREL CHERRY LANE

3. Mailing Address

547 LAUREL CHERRY LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

VENICE FL

VENICE FL

City & State

City & State

4. FEI Number

65-0771293

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Zip 34293

Country

Zip 34293

Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CAMAROTA, B J
 634 SUGARWOOD CT
 VENICE FL 34292

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2000 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	P	<input type="checkbox"/> Delete
NAME	CAMAROTA, B J	
STREET ADDRESS	634 SUGARWOOD CT	
CITY-ST-ZIP	VENICE FL 34292	
TITLE	ST	<input type="checkbox"/> Delete
NAME	CAMAROTA, SAMUEL R	
STREET ADDRESS	634 SUGARWOOD CT	
CITY-ST-ZIP	VENICE FL 34292	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMAROTA, B.J.	Address
STREET ADDRESS	547 LAUREL CHERRY LANE	
CITY-ST-ZIP	VENICE, FL 34293	
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMAROTA, SAMUEL R.	Address
STREET ADDRESS	547 LAUREL CHERRY LANE	
CITY-ST-ZIP	VENICE, FL 34293	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: SAMUEL R. CAMAROTA SECRETARY
 SAMUEL R. CAMAROTA SECRETARY

4/10/2000 941-924-2714
 Date Daytime Phone #

CR2E034 (9/99)