## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** Mar 15, 2000 8:00 am Secretary of State DOCUMENT # P9800000278 1. Entity Name SAY IT IN STITCHES, INC. 03-15-2000 90086 005 \*\*\*150.00 Mailing Address Principal Place of Business 4778 N.E. 11 AVENUE 4778 N.E. 11 AVENUE OAKLAND PARK FL 33334 OAKLAND PARK FL 33334-3908 2. Principal Place of Business 3. Malling Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City, & State 4. FEI Number Applied For City & State 65-0803379 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SHEVICK, STEVEN M Street Address (P.O. Box Number is Not Acceptable) 4778 N.E. 11 AVENUE OAKLAND PARK FL 33334 Zip Code City FL 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. CR2E034 (9/99) PSTD Addition ☐ Delete TITLE Change TITLE SHEVICK, STEVEN M NAME NAME 4778 N.E. 11 AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OAKLAND PARK FL 33334 Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

13. I hereby certify that the information supplied with this filling 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 appears with all other, like empowered.

CITY-ST-ZIP

CITY-ST-ZIP

TED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/00 954-724-41H1