

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000018675

1. Entity Name

SEW WHAT-EVER EMBROIDERY, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90424 037 ***150.00

Principal Place of Business

Mailing Address

7730 HILLSBOROUGH AVE
TAMPA FL 33615
US

7730 HILLSBOROUGH AVE
TAMPA FL 33615-4708
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0821968

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

NAIMO, ADRIANA
4705 EL DORADO DRIVE
TAMPA FL 33615

Name

Norman Bigelow

Street Address (P.O. Box Number is Not Acceptable)

4706 Eldorado Dr.

City

Tampa

FL

Zip Code

33615

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	VTD	<input checked="" type="checkbox"/> Delete
NAME	NAIMO, ADRIANA	
STREET ADDRESS	4705 EL DORADO DRIVE	
CITY-ST-ZIP	TAMPA FL 33615	
TITLE	PDS	<input type="checkbox"/> Delete
NAME	BIGELOW, JANICE	
STREET ADDRESS	4706 ELDORADO DR.	
CITY-ST-ZIP	TAMPA FL 33615	
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		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Norman Bigelow	
STREET ADDRESS	4706 Eldorado Dr.	
CITY-ST-ZIP	Tampa, FL 33615	
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		
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Janice Bigelow

Date

4-20-00

Daytime Phone #

(813) 885-3485

CR2E034 (9/99)