

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000060095

1. Entity Name  
SEW IN LOVE, INC.

**FILED**  
**Jan 18, 2000 8:00 am**  
**Secretary of State**

01-18-2000 90175 022 \*\*\*150.00

Principal Place of Business

Mailing Address

12285 79TH ST.  
FELLSMERE FL 32948

12285 79TH ST.  
FELLSMERE FL 32948-5618

601829



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

12455 79th St

12455 79th St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Fellsmere FL

City & State

Fellsmere FL

4. FEI Number

65-0871050

Applied For

Not Applicable

Zip

32948

Country

Indian River

Zip

32948

Country

Indian River

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

WYGANT, JAMES

12285 79 ST

FELLSMERE FL 32948

Name

James Wygant

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

12455 79th St

City

Fellsmere

FL

Zip Code

32948

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	DPT	<input type="checkbox"/> Delete
NAME	WYGANT, JAMES A	
STREET ADDRESS	12285 79TH ST.	
CITY-ST-ZIP	FELLSMERE FL 32948	
TITLE	DVS	<input type="checkbox"/> Delete
NAME	WYGANT, VICKI J	
STREET ADDRESS	12285 79TH ST.	
CITY-ST-ZIP	FELLSMERE FL 32948	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	12455 79th St	
CITY-ST-ZIP	Fellsmere, FL 32948	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	12455 79th St	
CITY-ST-ZIP	Fellsmere, FL 32948	
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:

*James A Wygant*  
James A Wygant, President

1/9/2000

Date

561-571-1604

Daytime Phone #

CR2E034 (9/99)