

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000000228**

1. Entity Name

EMBROIDERY SOLUTIONS, INC.**FILED**
Apr 07, 2001 8:00 am
Secretary of State

04-07-2001 90001 018 ***150.00

819383

DO NOT WRITE IN THIS SPACE

Principal Place of Business

**2721 FORSYTH RD., STE. 113
WINTER PARK FL 32792**

Mailing Address

**2721 FORSYTH RD., STE. 113
WINTER PARK FL 32792**

2. Principal Place of Business

2721 FORSYTH RD

3. Mailing Address

2721 FORSYTH RD

Suite, Apt. #, etc.

STE 200

Suite, Apt. #, etc.

STE -200

City & State

WINTER PARK, FL

City & State

WINTER PARK, FL 32792

4. FEI Number

59-3598986

Applied For

Not Applicable

Zip

32792

Country

ORANGE

Zip

32792

Country

ORANGE5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HARRISON, CHARLES R
1400 W. FAIRBANKS AVE., STE. 204
WINTER PARK FL 32789**

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, 2001 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

TITLE ☐ Delete
NAME **D NAZARETH, ANDREW**
STREET ADDRESS **4664 SUSSEX TERR.**
CITY-ST-ZIP **ORLANDO FL 32811**TITLE ☐ Delete
NAME **D AMBROSE, LEO**
STREET ADDRESS **5926 BENT PINE DR., #425**
CITY-ST-ZIP **ORLANDO FL 32822**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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

ANDREW NAZARETH**3/28/01**

Date

407-679-2300

Daytime Phone #

CR2E034 (10/00)