

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000010102

1. Entity Name

ACTIVE EMBROIDERY AND DIGITIZING, INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90009 036 ***150.00

Principal Place of Business

1335 BENNETT DRIVE STE 157
LONGWOOD FL 32750

Mailing Address

1335 BENNETT DRIVE STE 157
LONGWOOD FL 32750

644665



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

919 E. S.R. 434

Suite, Apt. #, etc.

919 E. S.R. 434

City & State

Longwood, FL

City & State

Longwood, FL

Zip

32750

Country

SEMINOLE

Zip

32750

Country

SEMINOLE

4. FEI Number 59-3555195

Applied for

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PRICE, CHARLES W
 6500 SOUTH US HWY 17-92
 FERN PARK FL 32730

7. Name and Address of New Registered Agent

Name

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

City

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 State if Applicable)

(NOTE: Registered Agent's Signature Required when re-instating)

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
 STREET ADDRESS 640 PASADENA AVE
 CITY-STATE-ZIP LONGWOOD FL 32750

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

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 CITY-STATE-ZIP

TITLE ☐ Delete
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 CITY-STATE-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), Florida Statutes. I further certify that the information and dated 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 657, 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 empowerment.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ruben E. SOSA

April 19/2001 (47)260-6474

CR2L034 (10/00)