

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000057789

1. Entity Name

SISTER'S EMBROIDERY & STUFF, INC.

Principal Place of Business

2418 MANATEE AVE E  
BRADENTON FL 34208

Mailing Address

2418 MANATEE AVE E  
BRADENTON FL 34208

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 65-0927823

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

LAPP, ELI B  
6416 47TH AVE E  
BRADENTON FL 34203

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME COLSON, JUDY  
STREET ADDRESS 112 CHAUNCY  
CITY-ST-ZIP BRADENTON FL 34208 ☒ Delete

TITLE PRESIDENT  
NAME ELI LAPP  
STREET ADDRESS 6416-47th AVE. E.  
CITY-ST-ZIP BRADENTON, FL. 34203 ☒ Change ☐ Addition

TITLE V  
NAME SHAGNAR, GEORGINA  
STREET ADDRESS 6416 47TH AVE DR E  
CITY-ST-ZIP BRADENTON FL 34203 ☐ Delete  
NAME CORRECTION

TITLE  
NAME SHAGENA, GEORGIA  
STREET ADDRESS  
CITY-ST-ZIP (CORRECT SPELLING) ☐ Change ☐ Addition

TITLE ST  
NAME LAPP, ELI  
STREET ADDRESS 6416 47TH AVE DR E  
CITY-ST-ZIP BRADENTON FL 34203 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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: Georgia Shagena GEORGIA Shagena  
VICE PRESIDENT

7-5-01

941-708-3983

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

0404145

FILED  
Jul 10, 2001 8:00 am  
Secretary of State

07-10-2001 90133 025 \*\*\*150.00



DO NOT WRITE IN THIS SPACE