

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90107 003 ***150.00

DOCUMENT # P99000065147

1. Entity Name

A-1 EMBROIDERY AND SEWING MACHINE, INC.

Principal Place of Business

Mailing Address

100 BENT TREE DRIVE, STE. 167
 DAYTONA BEACH FL 32114

100 BENT TREE DRIVE, STE. 167
 DAYTONA BEACH FL 32114-1177

2. Principal Place of Business

3. Mailing Address

2401 Enterprise Rd
 Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
 Orange City FL

City & State

4. FEI Number

59-3587676

Applied For

Not Applicable

Zip
 FL 32163

Country
 USA

Zip

Country

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

KENNERMER, FREDERICK Y
 100 BENT TREE DRIVE, STE. 167
 DAYTONA BEACH FL 32114

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, 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	D KENNERMER, 100 BENT TREE DRIVE, STE. 167 DAYTONA BEACH FL 32114	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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:

[Handwritten Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

28 April 2000 904-774-4210
 Date Daytime Phone #

CR2E034 (9/99)