

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2000 8:00 am
Secretary of State
 05-02-2000 90129 010 ***150.00

DOCUMENT # P99000071224

1. Entity Name
SUZY'S MANUFACTURING, INC.

Principal Place of Business 15163 86TH RD N LOXAHATCHEE FL 33470	Mailing Address 15163 86TH RD N LOXAHATCHEE FL 33470-4383
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00079820



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3878 PROSPECT AVE	3. Mailing Address 3878 PROSPECT AVE
(Suite) Apt. #, etc. 8	(Suite) Apt. #, etc. 8

City & State RIVIERA BEACH FL	City & State RIVIERA BEACH FL	4. FEI Number 65-0941833	Applied For Not Applicable
Zip 33404	Country USA	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GRATTON, ALINE 15163 86TH RD N LOXAHATCHEE FL 33470	7. Name and Address of New Registered Agent Name: ALINE GRATTON Street Address (P.O. Box Number is Not Acceptable): 3878 PROSPECT AVE SUITE 8 City: RIVIERA BEACH FL Zip Code: 33404
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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: X Aline Gratton ALINE GRATTON DATE: 04/20/2000

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.S.T. GRATTON ALINE 3878 PROSPECT AVE STE 8 RIVIERA BEACH FL 33404 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: X Aline Gratton ALINE GRATTON DATE: 04/20/00 (561) 863 2443

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)