

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # S98426**

1. Entity Name

STITCH PLUS, INC.

Principal Place of Business

Mailing Address

**1275 BENNETT DR
SUITE 138
LONGWOOD FL 32750
US****1275 BENNETT DR
SUITE 138
LONGWOOD FL 32750
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ANGELINI, MARIO
210 MALLARD ST.
ALTAMONTE SPRINGS FL 32701**

Name

Street Address (P.O. Box Numbers 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 re-registering)

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 NAME STREET ADDRESS CITY-ST-ZIP	P BARDE, ELINA M 210 MALLARD E ALTAMONTE SPRINGS FL	☐ Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ANGELINI, MARIO 210 MALLARD ST ALTAMONTE SPRINGS FL	☐ Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BAADE, ELINA M. 210 MALLARD ST. ALTAMONTE SPRINGS FL 32701	☐ Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
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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 files empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day: 30 Month: 04

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90102 006 ***150.00

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DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3096135**

Applied For

Not Applicable

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

0048760

CR2E034 (10/00)