FILED Apr 28, 2003 8:00 am Secretary of State

04-28-2003 91405 014 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V12285

1. Entity Name

SARASOTA EMPORIUM, INC.

Name of the last	
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Principal Place of Districts SARASOTA FL 3428				CO WE TO				
Suite, Apt. 8, etc. Suite, Apt. 8, etc. City & State Ci	1521 MAIN STREET	SS	1521 MAIN STREET		T SEALO BRANCH FROM HAND HAND SEALO BRANCH B			
City & State Ci	2. Principal Place of Business		3. Mailing Address	- -				
Country Zip Country St. Certificate of Status Desired Se. 75. Additional Fee Pequence Sec. 75. Additional Sec. 75. Add	Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES			
E. Name and Address of Current Registered Agent F. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 agent, or both, in the State of Florida. I am familiar with, and accept the originations of registered agent, or both, in the State of Florida. I am familiar with, and accept the originations of registered agent, or both, in the State of Florida. I am familiar with, and accept the originations of registered agent, or both, in the State of Florida. I am familiar with, and accept the originations of registered agent, or both, in the State of Florida. I am familiar with, and accept the originations of registered agent, or both, in the State of Florida. I am familiar with, and accept the originations of registered agent, or both, in the State of Florida. I am familiar with, and accept the origination of registered agent, or both, in the State of Florida. I am familiar with, and accept the origination of registered agent, or both, in the State of Florida. I am familiar with, and accept the origination of registered agent, or both, in the State of Florida. I am familiar with, and accept the origination of registered agent, or both, in the State of Florida. I am familiar with, and accept the origination of registered agent, or both, in the State of Florida. I am familiar with, and accept the origination of registered agent, or both, in the State of Florida. I am familiar with, and accept the origination of registered agent, or both, in the State of Florida. I am familiar with, and accept the origination of registered agent, or both, in the State of Florida. I am familiar with, and accept the origination of registered agent, or both, in the State of Florida. School Cary I am familiar with, and accept the origination of registered agent, or both, in the State of Florida. I am familiar with, and accept the ori	City & State		City & State		65-031/480			
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Street Address (PO. Bax Number is Not Acceptable)				Name				
SARASOTA FL 34236 City FL Zip Code					dress (P.O. Box Number is Not Acceptable)			
The above named entity submits this statement for the purpose of changing its registered aligner, or both, in the State of Florida. I am familiar with, and accept the colligations of registered agent. SigNatrure SigNatrure Signature Symmetry symmetry or protect number of registered agent are their applicable. PILE NOW!!!:-FEE-IS \$150.00.7 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of state 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 THE NAME SIRECT ADDRESS CITY-S1-2P STARASOTA FL: DST MAKE SIRECT ADDRESS CITY-S1-2P THE NAME SIRECT ADDRESS CITY-S1-2P CITY-S1-2P THE NAME SIRECT ADDRESS CITY-S1-2P THE NAME SIRECT ADDRESS CITY-S1-2P CITY-S1-2P THE NAME SIRECT ADDRESS CITY-S1-2P CITY-S1-2P CITY-S1-2P THE NAME SIRECT ADDRESS CITY-S1-2P CI		6						
SIGNATURE Signature of registered agent and time if appricases. (NOTE Registered Agent organise required when remainful) DATE				City	FL Zip Code			
After May 1, 2003 Fee will be \$550.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Floridg Department of State 10.								
After May 1, 2003 Fee will be \$550.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Floridg Department of State 10.	SIGNATURE Signature, type	d or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent signature	required when reinstating) DATE			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME MEGGE, JOHN D. STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	After May 1, 2003 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees							
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12. I hereby certify that the information supplied with this filling 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: BIGNATURE AND TYPED OR PRINTING WIFE OF SIGNING OFFICER OR DIRECTOR DIREC

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