

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H14262

1. Entity Name

CLARY'S FINE GIFTS AND ACCESSORIES, INC.

FILED
Apr 09, 2001 8:00 am
Secretary of State

04-09-2001 90047 040 ***150.00

C0043061



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

3900 CLARK RD
SUITE C-2
SARASOTA FL 34233
US

5554 BENEVA WOODS CIRCLE
SARASOTA FL 34233

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2437947

Applied For
Not Applicable

Zip

Country

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

MULLINS, WILLIAM J., JR.
6500 GATEWAY AVE.
SARASOTA FL 33581

Name STEPHEN VOIGT
Street Address (P.O. Box Number is Not Acceptable)
VOIGT + VOIGT, P.A.
2414 BEE RIDGE RD
City SARASOTA FL Zip Code 34239

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 NAME STREET ADDRESS CITY-ST-ZIP	D MULLINS, WILLIAM J., JR. 6500 GATEWAY AVE. SARASOTA FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V-P FREDERICK W. CLARY 5554 BENEVA WOODS CIR. SARASOTA, FL 34233	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CLARY, CHRISTINE A. 5554 BENEVA WOODS CIRCLE SARASOTA FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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:

Christine A. Clary CHRISTINE A. CLARY 3/26/01 941-921-6864

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0410176

CR2E034 (10/00)