

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000011850

1. Entity Name  
SHARON CLAYTON'S CLOTHES PLUS LLC

FILED

01 MAY 16 PM 2:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
111 SECOND AVENUE NE. SUITE 104  
ST. PETERSBURG FL 33701

Mailing Address  
111 SECOND AVENUE NE. SUITE 104  
ST. PETERSBURG FL 33701

2. Principal Place of Business  
*same*  
Suite, Apt. #, etc.  
City & State  
Zip  
Country

3. Mailing Address  
*111 2nd Ave NE*  
Suite, Apt. #, etc.  
City & State  
Zip  
Country

DO NOT WRITE IN THIS SPACE

4. FEI Number *current*  
59-3697270  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
CLAYTON, SHARON  
111 SECOND AVENUE NE, SUITE 104  
ST. PETERSBURG FL 33701

7. Name and Address of New Registered Agent  
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  
100004418671-5  
06/14/01-01003-004  
\*\*\*\*\*50.00 \*\*\*\*\*50.00  
FILE-NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Delete  
OWNER MGRM  
SHARON L CLAYTON  
111 2nd Ave NE #104  
Delete  
Delete  
Delete  
Delete  
Delete

10. ADDITIONS/CHANGES  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Change Addition  
Change Addition  
Change Addition  
Change Addition  
Change Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Sharon L Clayton MGRM* 4/13/01  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

0018227 AF

CR2E083 (11/00)