

# 2001 UNIFORM BUSINESS REPORT (UBR)

0018227 AF

**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

**3. Mailing Address**  
 111 2nd Ave NE #104

DO NOT WRITE IN THIS SPACE

**City & State**  
 St Petersburg FL

**Zip**  
 33701

**4. FEI Number**  
 59-367270

**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: same  
 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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

**DATE** 06/14/01

**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	owner MGRM Sharon L Clayton 111 2nd Ave NE #104	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**10. ADDITIONS/CHANGES**

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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> 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 Clayton MGRM 4/13/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)