

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 12, 2001 8:00 am**  
**Secretary of State**

02-12-2001 90214 048 \*\*\*\*61.25

0001021

**DOCUMENT # N99000007068**

1. Entity Name

**OUT OF THE CLOSET THRIFT STORES INC.**

Principal Place of Business

Mailing Address

631 4TH STREET N  
 SAINT PETERSBURG FL 33701

631 4TH STREET NORTH  
 ST. PETERSBURG FL 33701-2319

2. Principal Place of Business

1916 S. Dale Mabry  
 Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 20607  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

TAMPA FL

City & State

St. Petersburg FL

4. FEI Number

59-3613933

Applied For

Not Applicable

Zip  
 33629

Country

Zip

33742-0607

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

CASIE, PRITCHARD  
 1011 HARDWOOD DRIVE  
 VALRICO FL 33594

7. Name and Address of New Registered Agent

Name  
 L.A. Fischer

Street Address (P.O. Box Number is Not Acceptable)  
 8401- 9th ST. N. STE F

City  
 St Petersburg

FL

Zip Code  
 33702-3548

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

L.A. Fischer

*[Signature]*

2/9/01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEES IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMPSON, JULIE PO BOX 2000 MULBERRY FL 33860 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHEN, YING 1913 GULF BLVD INDIAN ROCKS BEACH FL 33785 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS. BRADLEY, BILL 631 4TH STREET N SAINT PETERSBURG FL 33701 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HALLER, LEIGH 4895 W WATERS, #J TAMPA FL 33634 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRITCHARD, CASIE 1011 HARDWOOD DRIVE VALRICO FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FISCHER, LAWRENCE CPA 631 4TH ST., NORTH ST. PETERSBURG FL 33701 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1916 S Dale Mabry TAMPA FL 33629
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P.O. Box 20607 St. Petersburg FL 33742-0607

12. 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 617, 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:

*[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/09/01 222-577-6072

Date

Daytime Phone #

CR2E037 (10/00)