

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 25, 2001 8:00 am
Secretary of State

05-07-2001 90041 023 ***150.00

DOCUMENT # P00000009436

1. Entity Name
CLOTHES NOOK BOUTIQUE INC.

Principal Place of Business Mailing Address
1330 TAMPA RD. 1330 TAMPA RD.
PALM HARBOR FL 34683 PALM HARBOR FL 34683



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.
 3. Mailing Address Suite, Apt. #, etc.

City & State City & State
 Zip Country Zip Country

4. FEI Number **59-3623555** Applied For Not Applicable

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

MAY, CAROLYN
2683 KNOLL ST E
PALM HARBOR FL 34683

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

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
Owner	Carolyn May	1330 Tampa Rd	Palm Harbor FL 34683	☐
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change	☐ Addition
				☐	☐
				☐	☐
				☐	☐
				☐	☐

Tiffy

my home address

if I put the wrong one

2683 Knoll St East

Palm Harbor FL

34683

Thank You

Carolyn May

13. I hereby certify that the information supplied indicated on this report or supplemental report 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01

(727) 785-0466

CR2E034 (10/00)