

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90179 032 ***150.00

DOCUMENT # P00000035532

1. Entity Name
WENDY'S CLOSET, INC.



Principal Place of Business
**10055 OASIS PALM DRIVE
TAMPA FL 33615**

Mailing Address
**10055 OASIS PALM DRIVE
TAMPA FL 33615**



2. Principal Place of Business

2530 46TH ST. S.

3. Mailing Address

2530 46TH ST. S.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

ST. PETERSBURG, FL. 33711

City & State

ST. PETERSBURG, FL.

4. FEI Number

59-3637059

Applied For

Not Applicable

Zip

Country

33711

Zip

Country

33711

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

**BARRETT, WENDY
10055 OASIS PALM DRIVE
TAMPA FL 33615**

Name

BARRETT, Wendy

Street Address (P.O. Box Number is Not Acceptable)

2530 46 Street South

City

St. Petersburg

FL

Zip Code

33711

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **PSTD BARRETT, WENDY**
STREET ADDRESS **10055 OASIS PALM DRIVE**
CITY-ST-ZIP **TAMPA FL 33615**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **2530 46TH ST. S.**
CITY-ST-ZIP **ST. PETERSBURG, FL. 33711**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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

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 607, 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/03

Date

Daytime Phone #

CR2E034 (10/02)