

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90817 024 ***150.00

U13124 AV

DOCUMENT # P02000031139

1. Entity Name
VELOCITY CLOTHING, INC.



Principal Place of Business
**777 E MERRITT ISLAND CSWY
MERRITT ISLAND FL 32952**

Mailing Address
**777 E MERRITT ISLAND CSWY
MERRITT ISLAND FL 32952**

2. Principal Place of Business

3. Mailing Address

6903 TYRONE SQUARE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
ST. PETERSBURG, FLORIDA

City & State

4. FEI Number
03-0405824

Applied For

Not Applicable

Zip
33710

Country
FLORIDA

Zip

Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ABRAHAM, ZABEN F
777 E MERRITT ISLAND CSWY
MERRITT ISLAND FL 32952**

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. 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 **D** Delete
NAME **ABRAHAM, ZABEN F**
STREET ADDRESS **777 E MERRITT ISLAND CSWY**
CITY-ST-ZIP **MERRITT ISLAND FL 32952**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** Delete
NAME **ABRAHAM, BAYAN F**
STREET ADDRESS **777 E MERRITT ISLAND CSWY**
CITY-ST-ZIP **MERRITT ISLAND FL 32952**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
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TITLE Change Addition
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STREET ADDRESS
CITY-ST-ZIP

CR2E034 (10/02)

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: **ABRAHAM**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **1-10-03** Daytime Phone # **321-459-0996**