

FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

FILED  
May 06, 2005 8:00 am  
Secretary of State

05-06-2005 90095 030 \*\*\*150.00

|                                 |  |
|---------------------------------|--|
| DOCUMENT # <u>P646000 81100</u> |  |
| 1. Entity Name                  |  |
| EUCALYPTUS CLOTHING, INC.       |  |

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50050019

|   |                |   |                |
|---|----------------|---|----------------|
| 2. Principal Place of Business<br>5500 MILITARY TRAIL |                | 3. Mailing Address<br>5500 MILITARY TRAIL |                |
| Suite, Apt. #, etc.<br>22-372                         |                | Suite, Apt. #, etc.<br>22-372             |                |
| City & State<br>JUPITER, FL                           |                | City & State<br>JUPITER, FL               |                |
| Zip<br>33458  | Country<br>USA | Zip<br>33458                              | Country<br>USA |

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|                                   |  |    |   |
|-----------------------------------|--|----|---|
| <b>DO NOT WRITE IN THIS SPACE</b> | 4. FEI Number<br>20-1155394  |    | Applied For<br><input checked="" type="checkbox"/> Not Applicable |
|                                   | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |    |   |
|                                   | 7. Name and Address of Current Registered Agent  |    |   |
|                                   | Name<br>DAVID SCOTT KUHARCIK C.P.A., P.A.  |    |   |
|                                   | Street Address (P.O. Box Number is Not Acceptable)<br>533 NORTHLAKE BLVD., STE. 5        |    |   |
| City<br>NORTH PALM BEACH          |  | FL | Zip Code<br>33408   |

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 David Scott Kuharcik DAVID SCOTT KUHARCIK C.P.A., P.A. 4-29-05  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

|  |   |
|--|---|
| January 1 - May 1 Fee is \$150.00<br>After May 1, Fee is \$550.00<br>Amended UBR is \$61.25<br>Make Check Payable to Florida Department of State | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|--|---|

10. OFFICERS AND DIRECTORS

|  |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>GLICKMAN, EDWARD<br>5500 MILITARY TRAIL, STE. 22-372<br>JUPITER, FL 33458 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
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11.

|  |                                   |
|--|-----------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DO NOT WRITE IN THIS SPACE</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>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 on an attachment with an address, with all other like empowered.

SIGNATURE: Edward Glickman EDWARD GLICKMAN, PRES.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30 561-542-2681  
Date Daytime Phone #