

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000014352

1. Entity Name

BLISS CLOTHING COMPANY, INC.

DBA: ADDISON FITZGERALD STUDIOS

Principal Place of Business

Mailing Address

106 ST GEORGE STREET
ST AUGUSTINE FL 32084

106 ST GEORGE STREET
ST AUGUSTINE FL 32084-3683

2. Principal Place of Business

3. Mailing Address

740 AIA Bch Blvd.

740 AIA Bch Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

ST. Augustine Beach, FL

ST. Augustine Bch, FL

Zip

Country

Zip

Country

32084

U.S.A

32084

U.S.A

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ADDISON, THOMAS F
#2 11TH STREET OCEANFRONT
ST AUGUSTINE FL 32084

Name
ADDISON, THOMAS F.

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

20 OAK RD.

City ST. Augustine Beach FL

Zip Code
32084

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

Thomas F. Addison (Pres)

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
ADDISON, THOMAS F
106 ST. GEORGE STREET
ST AUGUSTINE FL 32084 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
ADDISON, THOMAS F.
20 OAK RD
ST. Augustine Bch, FLA. 32084 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPSD
ADDISON, KATHLEEN B
106 ST. GEORGE STREET
ST. AUGUSTINE FL 32084 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPSD
ADDISON, KATHLEEN B.
20 OAK RD.
ST. Augustine Bch, FL. 32084 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
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CITY-ST-ZIP
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☐ Delete

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

13. 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 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

Date

Daytime Phone #

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90381 049 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)