

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000014352

1. Entity Name  
BLISS CLOTHING COMPANY, INC.

**FILED**  
**May 15, 2001 8:00 am**  
**Secretary of State**

05-15-2001 90132 023 \*\*\*150.00

Principal Place of Business  
106 ST GEORGE STREET  
ST AUGUSTINE FL 32084

Mailing Address  
106 ST GEORGE STREET  
ST AUGUSTINE FL 32084

00004673



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
740 AIA BEACH BLVD  
Suite, Apt. #, etc.  
STE D  
City & State  
ST. AUG, FL  
Zip  
32080  
Country  
ST. JOHNS

3. Mailing Address  
740 AIA BEACH BLVD  
Suite, Apt. #, etc.  
STE D  
City & State  
ST. AUGUSTINE, FL  
Zip  
32080  
Country  
ST JOHNS

4. FEI Number 59-3312609  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
ADDISON, THOMAS F  
#2 11TH STREET OCEANFRONT  
ST AUGUSTINE FL 32084

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
20 OAK RD  
City  
ST AUGUSTINE FL  
Zip Code  
32080

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

(NOTE: Registered Agent signature required when reinstating)

4/29/01

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	PTD ADDISON, THOMAS F 106 ST. GEORGE STREET ST AUGUSTINE FL 32084	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD ADDISON, KATHLEEN B 106 ST. GEORGE STREET ST. AUGUSTINE FL 32084	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	740 AIA BEACH BLVD, STE D ST. AUG. FL 32080	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	740 AIA BEACH BLVD, STE D ST. AUG. FL. 32080	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Kathleen Addison* *4/29/01* *904/607272*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Kathleen Addison  
Vice Pres / Sec

CR2E034 (10/00)