

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 17, 2001 8:00 am**
Secretary of State

05-17-2001 91285 047 ***150.00

DOCUMENT # P95000067594**1. Entity Name** THE
WRAZ CLOTHING CORPORATION ✓**Principal Place of Business**2960 S. McCall Rd
SUITE 203
ENGLEWOOD, FL 34224**Mailing Address**2960 S. McCall Rd
SUITE 203
ENGLEWOOD FL
34224**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-075 6764

Applied For

Not Applicable

Zip

Country

Zip

Country

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**PRESCOTT CHARLES J.
2033 WOOD ST.
SUITE 115
SARASOTA, FLORIDA 34237

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.**SIGNATURE**

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, 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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE ☐ Delete
NAME D
STREET ADDRESS HARTLAND, FREDERICK
CITY-ST-ZIP 7615 MANASOTA KEY ROAD
ENGLEWOOD FLORIDA 34223TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME D
STREET ADDRESS HARTLAND, CAROLYN A.
CITY-ST-ZIP 7615 MANASOTA KEY ROAD
ENGLEWOOD FLORIDA 34223TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**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:**

CAROLYN A HARTLAND

April 27 2001 (941) 474-0718

Date

Daytime Phone #

CR2E034 (11/00)