2002 **FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

**FILED**
**May 13, 2002 8:00 am**
**Secretary of State**
05-13-2002 90151 033 ***150.00

DOCUMENT # P95000067594

1. Entity Name
WRAZ CLOTHING CORPORATION

**DO NOT WRITE IN THIS SPACE**

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 2960 S. McCALL RD | 2960 SOUTH McCALL RD |
| Suite, Apt. #, etc. SUITE 203 | Suite, Apt. #, etc. SUITE 203 |
| City & State ENGLEWOOD FLORIDA | City & State ENGLEWOOD FLORIDA |
| Zip 34224 Country USA | Zip 34224 Country USA |

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0756764 ☐ Applied For ☐ Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name PRESCOTT, CHARLES J.
Street Address (P.O. Box Number is Not Acceptable) 2033 WOOD STREET
SUITE 115
City SARASOTA FL Zip Code 34237

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) ☐

**January 1 - May 1 Fee is $150.00**
**After May 1, Fee is $550.00**
**Amended UBR is $61.25**
**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 | D/P |
| NAME | HARTLAND, FREDERICK G. |
| STREET ADDRESS | 7615 MANASOTA KEY ROAD |
| CITY-ST-ZIP | ENGLEWOOD, FLORIDA 34223 |
| TITLE | D/S |
| NAME | HARTLAND, CAROLYN A. |
| STREET ADDRESS | 7615 MANASOTA KEY ROAD |
| CITY-ST-ZIP | ENGLEWOOD, FLORIDA 34223 |
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**DO NOT WRITE IN THIS SPACE**

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

**SIGNATURE:** Carolyn A Hartland Director/Secretary April 25 2002 941 474 0718
CAROLYN A. HARTLAND 941-474-0718
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #