2003

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State
04-30-2003 90165 033 ***150.00

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1. Entity Name: WRAZ CLOTHING CORPORATION

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
7615 MANASOTA KEY RD	7615 MANASOTA KEY RD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ENGLEWOOD, FLORIDA	City & State: ENGLEWOOD FLORIDA
Zip: 34223 Country: USA	Zip: 34223 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: CHARLES J. PRESCOTT, ATTORNEY
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________________
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
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D/P
NAME	HARTLAND FREDERICK
STREET ADDRESS	7615 MANASOTA KEY RD
CITY-ST-ZIP	ENGLEWOOD FL 34223
TITLE	D/S
NAME	HARTLAND CAROLYN A
STREET ADDRESS	7615 MANASOTA KEY RD
CITY-ST-ZIP	ENGLEWOOD FLORIDA 34223
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/02)

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: Carolyn A Hartland CAROLYN A HARTLAND — April 28 2003 — 941 474-0718
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #