

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2000 8:00 am**  
**Secretary of State**

05-05-2000 90089 047 \*\*\*150.00

**DOCUMENT # P95000074927**

1. Entity Name

**TRADENAMES OF CLEARWATER, INC.**

Principal Place of Business 27001 US HIGHWAY 19 NORTH CLEARWATER FL 33761 US	Mailing Address 27001 US HIGHWAY 19 NORTH CLEARWATER FL 33761-3402 US
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2. Principal Place of Business	3. Mailing Address <b>36181 E. LAKE RD.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc. <b>#302</b>
City & State	City & State <b>PALM HARBOR, FL</b>
Zip	Country <b>USA</b>



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-3364677</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>BOZMOSKI, JOHN JR 600 BYPASS DRIVE SUITE 215 CLEARWATER FL 34624-3050</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <b>DAVIS, HELEN E</b> <b>27001 US HIGHWAY 19 NORTH</b> <b>CLEARWATER FL 33761</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P-T-S-D</b> <b>DAVIS, HELEN E.</b> <b>36181 EAST LAKE RD #302</b> <b>PALM HARBOR FL 34685</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>ANDREWS, PATRICIA</b> <b>27001 U. S. HWY 19 N</b> <b>CLEARWATER FL 33761</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>CORNELL, CAROLINE E.</b> <b>27001 U. S. HWY 19 N</b> <b>CLEARWATER FL 33761</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>CRONE, SARAH S.</b> <b>27001 U. S. HWY 19 N</b> <b>CLEARWATER FL 33761</b> <input checked="" type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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:** *HELEN E. DAVIS* **HELEN E. DAVIS** 3/10/00 (727) 996-3301  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2EX14 (9/93)