

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000074927

1. Entity Name

TRADENAMES OF CLEARWATER, INC.

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

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

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

2. Principal Place of Business

3. Mailing Address

36181 E. LAKE RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#302

City & State

City & State

PALM HARBOR, FL

Zip

Country

Zip

Country

34685

USA

4. FEI Number

59-3364677

Applied For

Not Applicable

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

BOZMOSKI, JOHN JR  
 600 BYPASS DRIVE  
 SUITE 215  
 CLEARWATER FL 34624-3050

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, 2000 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 DP ☐ Delete  
 NAME DAVIS, HELEN E  
 STREET ADDRESS 27001 US HIGHWAY 19 NORTH  
 CITY-ST-ZIP CLEARWATER FL 33761

TITLE P-T-S-D- ☒ Change ☐ Addition  
 NAME DAVIS, HELEN E.  
 STREET ADDRESS 36181 EAST LAKE RD #302  
 CITY-ST-ZIP PALM HARBOR FL 34685

TITLE VP ☒ Delete  
 NAME ANDREWS, PATRICIA  
 STREET ADDRESS 27001 U. S. HWY 19 N  
 CITY-ST-ZIP CLEARWATER FL 33761

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE S ☒ Delete  
 NAME CORNELL, CAROLINE E.  
 STREET ADDRESS 27001 U. S. HWY 19 N  
 CITY-ST-ZIP CLEARWATER FL 33761

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE T ☒ Delete  
 NAME CRONE, SARAH S.  
 STREET ADDRESS 27001 U. S. HWY 19 N  
 CITY-ST-ZIP CLEARWATER FL 33761

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ 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:

*HELEN E. DAVIS* P-T-S-D 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)