

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000090826

1. Entity Name

CLEARWATER SEWING CENTER, INC.

FILED
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90146 002 ***150.00

Principal Place of Business

Mailing Address

26230 US HWY. 19 N.
 CLEARWATER FL 33761

26230 US HWY. 19 N.
 CLEARWATER FL 33761-3580

2. Principal Place of Business

3. Mailing Address

16024 US Hwy 19 N
 Suite, Apt. #, etc.

5370 E Bay Dr.
 Suite, Apt. #, etc.
 #141

City & State

Clearwater FL

City & State

Clearwater, FL

4. FEI Number

59-3480478

Applied For

Not Applicable

Zip

Country

33764 USA

Zip

Country

33764 USA

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

BISHOP, ROBERT C
 3974 TAMPA RD.
 OLDSMAR FL 34677

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 Delete
 NAME PAINTER, SHARON
 STREET ADDRESS 26230 US HWY. 19 N.
 CITY-ST-ZIP CLEARWATER FL 33761

TITLE Change Addition
 NAME President
 NAME SHARON Painter
 STREET ADDRESS
 CITY-ST-ZIP Clearwater, FL 33764

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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TITLE Change Addition
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 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:

Sharon Painter
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/00 727)530-7062
 Date Daytime Phone #

CR2E034 (9/99)