

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000093423

1. Entity Name
CLOUDY DAZE, INC.

FILED
Sep 15, 2000 8:00 am
Secretary of State
09-15-2000 90001 033 ***550.00

Principal Place of Business

3614 DAVIE BLVD
FT LAUDERDALE FL 33312
US

Mailing Address

3614 DAVIE BLVD
FT LAUDERDALE FL 33312
US

2. Principal Place of Business

3608 Davie Blvd.
Suite, Apt. #, etc.

3. Mailing Address

3608 Davie Blvd.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Ft. Lauderdale, FL

Zip 33312

Country

City & State

Ft. Lauderdale, FL

Zip 33312

Country

4. FEI Number

65-0791366

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

THEARD, FRANTZ A
3614 DAVE BLVD
FT LAUDERDALE FL 33312

7. Name and Address of New Registered Agent

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

TITLE PSTD
NAME THEARD, FRANTZ A
STREET ADDRESS 3521 W. BROWARD BLVD.
CITY-ST-ZIP FT LAUDERDALE FL 33312 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

Frantz A. Theard
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/11/2000 (BA) 316-9536
Date Daytime Phone #

CR2E034 (5/00)