

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90040 040 ***150.00

DOCUMENT # P98000020883
 1. Entity Name
THAMADPRO, INC.

Principal Place of Business Mailing Address
6195 PARK BLVD. **6195 PARK BLVD.**
PINELLAS PARK FL 34665 **PINELLAS PARK FL 33781-3234**

2. Principal Place of Business 3. Mailing Address
THE PERFUME SHOPPE **33957 US Hwy 19 N**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
PALM HARBOR, Fla
 Zip Country Zip Country
34684 **US**

4. FEI Number **59-3555468** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
CLARK, LAURENCE
2928 W. BAY DR., THE BLUFFS
BELLEAIR BLUFFS FL 33770-2649

7. Name and Address of New Registered Agent
 Name **CLARK LAURENCE**
 Street Address (P.O. Box Number is Not Acceptable)
6195 PARK BLVD
 City **Pinellas Park** **FL** Zip Code
33781

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 *Laurence Clark* DATE 1/22/00
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)

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 NAME STREET ADDRESS CITY-ST-ZIP	DP CLARK, LAURENCE 6195 PARK BLVD. PINELLAS PARK FL 34665 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Delete 33781
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST MOSS, ELLEN 6195 PARK BLVD. PINELLAS PARK FL 34665 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Delete 33781
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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *S. J. Clark* DATE: 1/22/00 DAYTIME PHONE: 727-547-1402
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR