2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Jan 26, 2000 8:00 am Secretary of State DOCUMENT # P98000042518 SUITS YOU SEXY SWIMWEAR, INC. 01-26-2000 90181 011 ***150.00 Principal Place of Business Mailing Address 2340 STATE ROAD 580 2340 STATE ROAD 580 CLEARWATER FL 33763-1151 **CLEARWATER FL 33763** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 11228 W Hil 11228 W City & State Hillsborough Applied For City & State 4. FEI Number 59-3511834 Not -Tampa <u>Tampa FL</u> Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 33635 USA 33635 USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name McCudden Luz H MCCUDDEN, LUZ H Street Address (P.O. Box Number is Not Acceptable) 2340 STATE ROAD 580 11228 W Hillsborough Ave **CLEARWATER FL 33763** Zip Code <u>Tampa</u> 33635 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Addition DP TITLE **∐x**Change TITLE Delete NAME NAME MCCUDDEN, LUZ H STREET ADDRESS 11228 W Hillsborough Ave. STREET ADDRESS 2340 STATE ROAD 580 CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL 33763 Tampa FL 33635 K Change ☐ Additior ☐ Delete TITLE MCCUDDEN, CLYDE NAME 11228 W Hillsborough Ave. STREET ADDRESS STREET ADDRESS 2340 SATE ROAD 580 Tampa FL 33635 CITY-ST-ZIP CITY-ST-7IP **CLEARWATER FL 33763** Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLÈ TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DISECTOR