

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 13, 2000 8:00 am**  
**Secretary of State**

04-13-2000 90007 039 \*\*\*150.00

**DOCUMENT # P98000048298**

1. Entity Name  
**THE CLOTHES NOOK OF PALM HARBOR, INC.**

Principal Place of Business 1330 TAMPA RD UNIT 306 PALM HARBOR FL 34683	Mailing Address 1330 TAMPA RD UNIT 306 PALM HARBOR FL 34683-5657
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2. Principal Place of Business 264 Brookside Ct Suite, Apt. #, etc.	3. Mailing Address 264 Brookside Ct Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State Palm Harbor, FL	City & State Palm Harbor, FL	4. FEI Number 59-3513160	Applied For <input type="checkbox"/> Not Applicable
Zip 34683	Country USA	Zip 34683	Country USA

6. Name and Address of Current Registered Agent KUMBAT, DIANNE L 264 BROOKSIDE CT. PALM HARBOR FL 34683	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 \_\_\_\_\_ (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) <input checked="" type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDST KUMBAT, DIANNE 264 BROOKSIDE CT PALM HARBOR FL 34683 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	KUMBAT, DIANNE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: \_\_\_\_\_ DATE: 3/1/00 DAYTIME PHONE #: 727-784-2809

CR2E034 (9/99)