

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****May 01, 2000 08:00 AM**
Secretary of State**DOCUMENT # P98000081407****1. Entity Name**
THATSTORE.COM CORPORATION

Principal Place of Business 5435 OAK MEADOW DRIVE MILTON FL 33570 US	Mailing Address 5435 OAK MEADOW DRIVE MILTON FL 33570 US
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2. Principal Place of Business 5435 OAK MEADOW DRIVE	3. Mailing Address 5435 OAK MEADOW DRIVE
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Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State MILTON FL	City & State MILTON FL
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4. FEI Number
59-3537024

Applied For
Not Applicable

Zip 32570	Country US	Zip 32570	Country US
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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**

CROWE DAVID
5435 OAK MEADOW DRIVE
MILTON FL 33570

Name
CROWE DAVID
Street Address (P.O. Box Number is Not Acceptable)
5435 OAK MEADOW DRIVE
City
MILTON FL Zip Code
32570

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)

05/01/2000

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 VP	<input type="checkbox"/> Delete
NAME CROWE DAVID	
STREET ADDRESS 5435 OAK MEADOW DRIVE	
CITY-ST-ZIP MILTON FL 32570	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE CFO	<input type="checkbox"/> Delete
NAME CHANDLER JOANN	
STREET ADDRESS 84 GLENDALE ROAD	
CITY-ST-ZIP AMHERST MA 01002	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE P	<input type="checkbox"/> Delete
NAME CROWE MICHELLE	
STREET ADDRESS 5435 OAK MEADOW DRIVE	
CITY-ST-ZIP MILTON FL 32570	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Delete
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STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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:** Michelle Crowe

P 05/01/2000