

UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000022370**

1. Entity Name

THE LIVING ROOM OF CLEARWATER, INC.**FILED**
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90049 024 ***150.00

Principal Place of Business

Mailing Address

~~440 SOUTH GULFVIEW BLVD.~~
~~SUITE 605~~
~~CLEARWATER FL 33767~~

change

~~440 SOUTH GULFVIEW BLVD.~~
~~SUITE 605~~
CLEARWATER FL 33767-2512

change

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
13707 58th st NoSuite, Apt. #, etc.
13707 58th st noCity & State
Clearwater FLCity & State
Clearwater FLZip
33760 Country
USAZip
33760 Country
USA4. FEI Number
59-3562850Applied For
Not Applicable5. 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

~~ACCOUNTING & TAX HELP, INC.~~
~~8668 PARK BLVD.~~
~~SUITE A~~
~~SEMINOLE FL 33777~~

CHANGE

Name
Michael Nelson, attorney at lawStreet Address (P.O. Box Number is Not Acceptable)
718 West M.L.K. Suite 200City
Tampa FL Zip Code
33603

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)

3/16/00

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 State10. 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
President
Mark A Kerrutt
2994 Cielo Circle
Clearwater FL 33759 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Clearwater FL 33759 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Corporate Secretary
Frank C Theriault
2225 Nursery Dr #14-203
Clearwater FL 33764 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
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 19.07(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:

SIGNATURE REQUIRED
Mark A Kerrutt, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

727. 524.3933

Date

Daytime Phone #