


**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 21, 2003 8:00 am**  
**Secretary of State**

02-21-2003 90161 033 \*\*\*150.00

|   |   |
|---|---|
| <b>DOCUMENT #</b> P99000038071                            |  |
| <b>1. Entity Name</b><br>AMERICA'S CLEARANCE OUTLET, INC. |   |

|  |  |
|--|--|
| <b>Principal Place of Business</b><br>6203-D WEST SAND LAKE RD<br>ORLANDO FL 32819 | <b>Mailing Address</b><br>6203-D WEST SAND LAKE RD<br>ORLANDO FL 32819 |
|--|--|

|                                       |         |                           |         |
|---------------------------------------|---------|---------------------------|---------|
| <b>2. Principal Place of Business</b> |         | <b>3. Mailing Address</b> |         |
| Suite, Apt. #, etc.                   |         | Suite, Apt. #, etc.       |         |
| City & State                          |         | City & State              |         |
| Zip                                   | Country | Zip                       | Country |



☒ CHECK HERE IF MAKING CHANGES

|  |  |   |  |
|--|--|---|--|
| <b>4. FEI Number</b> 59-3571105                                  |  | <input type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable |  |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/> |  | <b>\$8.75 Additional Fee Required</b>   |  |

|   |  |  |  |
|---|--|--|--|
| <b>6. Name and Address of Current Registered Agent</b>    |  | <b>7. Name and Address of New Registered Agent</b>                             |  |
| ZAZA, DARRIN<br>6115 INDIAN MEADOW ST<br>ORLANDO FL 32819 |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City FL Zip Code |  |

**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. I am familiar with, and accept the obligations of registered agent.

**SIGNATURE** \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

|   |   |
|---|---|
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2003 Fee will be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b> | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |
|---|---|

|   |   |  |   |
|---|---|--|---|
| <b>10. OFFICERS AND DIRECTORS</b>                     |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b> |   |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PD</b><br>ZAZA, DARRIN S<br>6115 INDIAN MEADOW ST<br>ORLANDO FL 32819 <input type="checkbox"/> Delete                              | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PD</b><br>ZAZA, BRIAN<br>4066 BROOKMYRA DR<br>ORLANDO FL 32837 <input type="checkbox"/> Delete                                     | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>T</b><br>SANTORINI, ANGELO<br>8 APPLETON AVE STE 201<br>TORONTO ONTARIO, CANADA M6-E3A3 <input checked="" type="checkbox"/> Delete | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>S</b><br>ZAZA, FRED<br>7821 MALL ORCA CT<br>ORLANDO FL 32819 <input type="checkbox"/> Delete                                       | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

**12.** 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**  **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date: 2-14-03 Daytime Phone #: 407 310 3388

CR2E034 (10/02)