2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P99000078341 **DOCUMENT #**

1. Entity Name

CHILDREN'S WHOLESALE APPAREL, INC.

FILED Feb 13, 2003 8:00 am Secretary of State

02-13-2003 90256 003 ***150.00

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Of HEDITE.					55/					
Principal Place of Business Mailing Address 1288 HILLSIDE DRIVE 1288 HILLSIDE DRIVE TARPON SPRINGS FL 34689 TARPON SPRINGS FL 34689			689				11 83 111 83 112 88 112 18	aa : 1 a:00 11111 0 !	na: (161 168)	
				~~~ <u>*</u> ;***						
2. Principal Pla	ce of Business the Pinellas Aye.	3. Mailing Address 751 South Pivellas Ave.				<u>                                     </u>	<b>TH</b> INITERIAL N			
Suite, Apt. #		Suite, Apt. #, etc.				CHECK HE	RE IF MAKING	CHANGES		
		0, 00, 1				4. FEI Number FO OFFICE 4				
City & State	orinas FL	City & State Tarpon Springs FL				4. FEI Number 59-35965	31	Not	Applicable	
Tarpon S Zip	Country	Zip	Count	ry		5. Certificate of Status Desire		8.75 Addit	tional	
34689	U SA	34689	U.3	4.				ee Required		
	6. Name and Address of Curren	nt Registered Agent		Name _		7. Name and Address of New Registered Agent				
					Thor	MAS R. DUDAY				
DUBAY, TI				Street Address (P.O. Box Number is Not Acceptable)					1	
	SIDE DRIVE			131	SOUT	n PINCHAS AVE.				
TARPON S	SPRINGS FL 34689							T == "0. 1-		
				City-To	(C)(C)	y springs	FL	Zip Code	9	
6 The above	named entity submits this statement	for the purpose of changing its	s registere	ed office or	register	ed agent, or both, in the State of	f Florida. I am fa	amiliar with, a	and accept	
the obligation	ons of registered agent.	io mo parpete er er m g · g	J							
1 1	74									
SIGNATURE _	Signature, typed or printed name of registered age	ent and title if applicable. (NOT	TE: Registere	d Agent signatu	re required	when reinstating)	DATE			
<u> </u>	NOWWY FEE IS \$150.00		<u> </u>	•		A 51 13 10 00 00 00 00	- Cinancias	<b>\$5.0</b> (	n l	
After	LE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.0	Ö	:-		2.22.2	9. Election Campaig Trust Fund Contrib			May Be to Fees	
Nake Check	Payable to Florida Department	of State								
10.	OFFICERS AN	ID DIRECTORS	11.			ADDITIONS/CHANGES TO	OFFICERS AND			
TITLE	Ρ	☐ Delete	TITL	E	1.			☐ Change	☐ Addition	
NAME	DUBAY, THOMAS R		NAM	ie Eet address						
STREET ADDRESS	1288 HILLSIDE DR TARPON SPRINGS FL 34689			-ST-ZIP			_		į	
CITY-ST-ZIP			TITL	<del></del>	VP			Change	Addition	
TITLE	VP DUBAY, RICHARD G	L_J Delete	. NAM		Ric	hard G. Duba 7 Garden Ave	4		Ì	
NAME STREET ADDRESS	374-1 115TH AVE N		STRI	EET ADDRESS	140	7 GArden Ave			{	
CITY-ST-ZIP	ST PETERSBURG FL 34689		CITY	r-ST-ZIP	Tar	DON SPRINGS FL	<u> </u>			
TITLE		☐ Delete	TITL	E		, , ,		☐ Change	☐ Addition	
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STREET ADDRESS CITY-ST-ZIP			CIT	Y-ST-ZIP						
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CITY:ST:ZIP=:-			CIT	Y-ST-ZIP	<u> </u>	· , _ · · ·			F7 4 2 200	
TITLE		☐ Delete	TITI					Change	Addition	
NAME			NA!							
STREET ADDRESS				REET ADDRESS Y-ST-ZIP						
CITY-ST-ZIP		والمناورية فهم وجوار والاناء			ted in S	Section 119 07(3)(i) Florida Stat	utes. I further ce	rtify that the i	nformation	

12. Thereby 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:

Date

Daytime Phone #