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

## **DOCUMENT#**

P99000079734

1. Entity Name



## **FILED** Mar 10, 2003 8:00 am Secretary of State

CLOTHI	ILDE, INC.							03-10-20	003 90112 0	24	130.	00
Principal Place of Business 1790 HWY. 98 W. MARY ESTHER FL 32569  Mailing Address 150 EGLIN PARKWAY NE FORT WALTON BEACH I					L 32548			I MODINALI NA IDWA ARWA	<b>18</b> 21 <b>28</b> 11 <b>28</b> 11 <b>28</b>	) }  } <b>           </b>		1 11111 <b>2110</b> 1 1 <b>111</b> 1
2. Principal	Place of Busine	SS	3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.				_	☐ CHECK I	HERE IF MAKIN	IG CHAI	NGES	
City & State			City & State			<del> </del>	4. 1	4. FEI Number 59-3602980 Applied For				
Zip		Country	Zip		Count	try	5. (	Certificate of Status Des	ired 🔲	\$8.7 Fee Re	5 Add	ot Applicable ditional
	6. Name a	nd Address of Curren	t Registere	d Agent			7. N	Name and Address of I	New Registered		- quii e	<u> </u>
05.0.0						Name	·		·····	Agent		
SEYMOUR, MELANIE SHAW							Street Address (P.O. Box Number is Not Acceptable)					
	VY. 98 W.	9 <sub>1</sub> 				Olicot Addic	233 (1.0. 0)		plable)			
	STHER FL 325	<b>69</b> - ∮								-		
	*					City	<del></del>	<del></del>	F		Code	
8. The above the obliga	re named entity s ations of register	ubmits this statement f ed agent.	or the purpo	ose of changing its r	egistere	d office or regi	istered age	ent, or both, in the State	of Florida. I am	familiar	with, a	and accept
SIGNATURE												
<u> </u>	Signature, typed or p	printed name of registered agent	t and title if applic	cable. (NOTE:	Registered	Agent signature req	uired when rei	instating)	DATE		_	<del></del>
79 × 1	FILE NOW!!!	FEE IS \$150.00							<del>-</del>			
		W WIVO.OU					I					
Afte	er May 1, 2003	Fee will be \$550.00 lorida Department o	of State				}	<ol><li>Election Campaign Trust Fund Contri</li></ol>	gn Financing Ibution.			D May Be to Fees
Afte	er May 1, 2003	Fee will be \$550.00	of State	38	11.		ADI	Trust Fund Contri	bution.	م ٺ	dded	to Fees
Afte Make Chec	er May 1, 2003 k Payable to F	Fee will be \$550.00 lorida Department o	of State	S Delete	11.	· ·	ADI	Election Campaig Trust Fund Contri DITIONS/CHANGES TO	bution.	D DIREC	dded TORS	to Fees
Afte Make Chec 10. TITLE NAME	er May 1, 2003 k Payable to F D SEYMOUR, N	Fee will be \$550.00 lorida Department o OFFICERS AND MELANIE SHAW	of State			-	ADI	Trust Fund Contri	bution.	م ٺ	dded TORS	to Fees
Afte Make Chec  10.  TITLE NAME STREET ADDRESS	Pr May 1, 2003 R Payable to F D SEYMOUR, 1 1790 HWY. S	Fee will be \$550.00 lorida Department of OFFICERS AND MELANIE SHAW 18 W.	of State		TITLE NAME STREET	I ADDRESS	ADO	Trust Fund Contri	bution.	D DIREC	dded TORS	to Fees
Afte Make Chec  10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEYMOUR, N 1790 HWY. S MARY ESTH	Fee will be \$550.00 lorida Department of OFFICERS AND MELANIE SHAW 18 W.	of State	☐ Delete	TITLE NAME		ADO	Trust Fund Contri	bution.	D DIREC	dded TORS	to Fees
Afte Make Chec  10.  TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE	Pr May 1, 2003 R Payable to F  D  SEYMOUR, N  1790 HWY. S  MARY ESTHE	Fee will be \$550.00 lorida Department o OFFICERS AND MELANIE SHAW 18 W: ER FL 32569	of State		TITLE NAME STREET CITY-S TITLE		ADI	Trust Fund Contri	bution.	D DIREC	TORS	to Fees
Afte Make Chec  10.  TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME	D SEYMOUR, MARY ESTHED SEYMOUR, ESTHED SEYMOUR	Fee will be \$550.00 Iorida Department of OFFICERS AND MELANIE SHAW 18 W: ER FL 32569	of State	☐ Delete	TITLE NAME STREET CITY-S TITLE NAME	ST-ZIP	ADD	Trust Fund Contri	bution.	D DIREC	TORS	to Fees IN 11 Addition
Afte Make Chec  10.  TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE	Payable to F  D SEYMOUR, N 1790 HWY. S MARY ESTHI D SEYMOUR, E 1790 HWY. 9	Fee will be \$550.00 Iorida Department of OFFICERS AND MELANIE SHAW 18 W: ER FL 32569 EDWARD H 18 W.	of State	☐ Delete	TITLE NAME STREET CITY-S TITLE NAME STREET	ST-ZIP ADDRESS	ADO	Trust Fund Contri	bution.	D DIREC	TORS	to Fees IN 11 Addition
Afte Make Chec  10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP	D SEYMOUR, MARY ESTHED SEYMOUR, ESTHED SEYMOUR	Fee will be \$550.00 Iorida Department of OFFICERS AND MELANIE SHAW 18 W: ER FL 32569 EDWARD H 18 W.	of State	□ Delete	TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S	ADDRESS ST-ZIP	ADO	Trust Fund Contri	bution.	D DIREC	TORS rige	to Fees IN 11 Addition
Afte Make Chec  10.  TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS	D SEYMOUR, MARY ESTHE SEYMOUR, E 1790 HWY. 9 MARY ESTHE 1790 HWY. 9 MARY ESTHE 1790 HWY. 9 MARY ESTHE	Fee will be \$550.00 Iorida Department of OFFICERS AND MELANIE SHAW 18 W: ER FL 32569 EDWARD H 18 W.	of State	☐ Delete	TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S	ST-ZIP ADDRESS	ADO	Trust Fund Contri	bution.	D DIREC	TORS rige	to Fees IN 11 Addition
Make Chec  10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE TITLE TITLE TITLE	D SEYMOUR, MARY ESTHE SEYMOUR, E 1790 HWY. 9 MARY ESTHE 1790 HWY. 9 MARY ESTHE 1790 HWY. 9 MARY ESTHE	Fee will be \$550.00 Iorida Department of OFFICERS AND MELANIE SHAW 18 W: ER FL 32569 EDWARD H 18 W.	of State	□ Delete	TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME	ADDRESS T-ZIP	ADO	Trust Fund Contri	bution.	D DIREC	TORS rige	to Fees IN 11 Addition Addition
Make Chec  10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME	D SEYMOUR, MARY ESTHE SEYMOUR, E 1790 HWY. 9 MARY ESTHE 1790 HWY. 9 MARY ESTHE 1790 HWY. 9 MARY ESTHE	Fee will be \$550.00 Iorida Department of OFFICERS AND MELANIE SHAW 18 W: ER FL 32569 EDWARD H 18 W.	of State	□ Delete	TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME	ADDRESS ST-ZIP	ADI	Trust Fund Contri	bution.	D DIREC	TORS rige	to Fees IN 11 Addition Addition
Make Chec  10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	D SEYMOUR, MARY ESTHE SEYMOUR, E 1790 HWY. 9 MARY ESTHE 1790 HWY. 9 MARY ESTHE 1790 HWY. 9 MARY ESTHE	Fee will be \$550.00 Iorida Department of OFFICERS AND MELANIE SHAW 18 W: ER FL 32569 EDWARD H 18 W.	of State	Delete Delete	TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET	ADDRESS ST-ZIP	ADI	Trust Fund Contri	bution.	D DIREC Cha	TORS nge	to Fees IN 11 Addition Addition
Afte Make Chec  10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	D SEYMOUR, MARY ESTHE SEYMOUR, E 1790 HWY. 9 MARY ESTHE 1790 HWY. 9 MARY ESTHE 1790 HWY. 9 MARY ESTHE	Fee will be \$550.00 Iorida Department of OFFICERS AND MELANIE SHAW 18 W: ER FL 32569 EDWARD H 18 W.	of State	□ Delete	TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE STREET CITY-S	ADDRESS ST-ZIP	ADO	Trust Fund Contri	bution.	D DIREC	TORS nge	to Fees IN 11 Addition Addition
Make Chec  10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	D SEYMOUR, MARY ESTHE SEYMOUR, E 1790 HWY. 9 MARY ESTHE 1790 HWY. 9 MARY ESTHE 1790 HWY. 9 MARY ESTHE	Fee will be \$550.00 Iorida Department of OFFICERS AND MELANIE SHAW 18 W: ER FL 32569 EDWARD H 18 W.	of State	Delete Delete	TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME	ADDRESS ST-ZIP	ADO	Trust Fund Contri	bution.	D DIREC Cha	TORS nge	to Fees IN 11 Addition Addition
Afte Make Chec  10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEYMOUR, MARY ESTHE SEYMOUR, E 1790 HWY. 9 MARY ESTHE 1790 HWY. 9 MARY ESTHE 1790 HWY. 9 MARY ESTHE	Fee will be \$550.00 Iorida Department of OFFICERS AND MELANIE SHAW 18 W: ER FL 32569 EDWARD H 18 W.	of State	Delete Delete	TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME	ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP	ADO	Trust Fund Contri	bution.	D DIREC Cha	TORS nge	to Fees IN 11 Addition Addition
Afte Make Chec  10.  TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE TITLE TITLE	D SEYMOUR, MARY ESTHE SEYMOUR, E 1790 HWY. 9 MARY ESTHE 1790 HWY. 9 MARY ESTHE 1790 HWY. 9 MARY ESTHE	Fee will be \$550.00 Iorida Department of OFFICERS AND MELANIE SHAW 18 W: ER FL 32569 EDWARD H 18 W.	of State	Delete Delete	TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET	ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP	ADU	Trust Fund Contri	bution.	D DIREC Cha	TORS nge nge	to Fees IN 11 Addition Addition
Afte Make Chec  10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	D SEYMOUR, MARY ESTHE SEYMOUR, E 1790 HWY. 9 MARY ESTHE 1790 HWY. 9 MARY ESTHE 1790 HWY. 9 MARY ESTHE	Fee will be \$550.00 Iorida Department of OFFICERS AND MELANIE SHAW 18 W: ER FL 32569 EDWARD H 18 W.	of State	Delete Delete Delete	TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-SI TITLE NAME	ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP	ADI	Trust Fund Contri	bution.	D DIREC Cha	TORS nge	to Fees IN 11 Addition Addition Addition
Afte Make Chec  10.  TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE TITLE TITLE	D SEYMOUR, MARY ESTHE SEYMOUR, E 1790 HWY. 9 MARY ESTHE 1790 HWY. 9 MARY ESTHE 1790 HWY. 9 MARY ESTHE	Fee will be \$550.00 Iorida Department of OFFICERS AND MELANIE SHAW 18 W: ER FL 32569 EDWARD H 18 W.	of State	Delete Delete Delete	TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-SITILE NAME STREET CITY-SITILE NAME STREET CITY-SITILE NAME STREET	ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS ADDRESS	ADI	Trust Fund Contri	bution.	D DIREC Cha	TORS nge	to Fees IN 11 Addition Addition Addition
Afte Make Chec  10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEYMOUR, MARY ESTHE SEYMOUR, E 1790 HWY. 9 MARY ESTHE 1790 HWY. 9 MARY ESTHE 1790 HWY. 9 MARY ESTHE	Fee will be \$550.00 Iorida Department of OFFICERS AND MELANIE SHAW 18 W: ER FL 32569 EDWARD H 18 W.	of State	Delete Delete Delete Delete	TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-SITLE NAME STREET CITY-SITLE NAME CITY-SITLE NAME CITY-SITLE NAME CITY-SITLE NAME CITY-SITLE NAME CITY-SITLE CITY-SITLE	ADDRESS IT-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP	ADO	Trust Fund Contri	bution.	D DIREC Cha	TORS nge nge	to Fees IN 11 Addition Addition Addition
Afte Make Chec  10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	D SEYMOUR, MARY ESTHE SEYMOUR, E 1790 HWY. 9 MARY ESTHE 1790 HWY. 9 MARY ESTHE 1790 HWY. 9 MARY ESTHE	Fee will be \$550.00 Iorida Department of OFFICERS AND MELANIE SHAW 18 W: ER FL 32569 EDWARD H 18 W.	of State	Delete Delete Delete	TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-SI TITLE NAME STREET CITY-SI TITLE CITY-SI TITLE	ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS ADDRESS	ADO	Trust Fund Contri	bution.	D DIREC Cha	TORS nge nge	to Fees IN 11 Addition Addition Addition
Afte Make Chec  10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEYMOUR, MARY ESTHE SEYMOUR, E 1790 HWY. 9 MARY ESTHE 1790 HWY. 9 MARY ESTHE 1790 HWY. 9 MARY ESTHE	Fee will be \$550.00 Iorida Department of OFFICERS AND MELANIE SHAW 18 W: ER FL 32569 EDWARD H 18 W.	of State	Delete Delete Delete Delete	TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-SI TITLE NAME	ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP	ADU	Trust Fund Contri	bution.	D DIREC Cha	TORS nge nge	to Fees IN 11 Addition Addition Addition
Afte Make Chec  10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEYMOUR, MARY ESTHE SEYMOUR, E 1790 HWY. 9 MARY ESTHE 1790 HWY. 9 MARY ESTHE 1790 HWY. 9 MARY ESTHE	Fee will be \$550.00 Iorida Department of OFFICERS AND MELANIE SHAW 18 W: ER FL 32569 EDWARD H 18 W.	of State	Delete Delete Delete Delete	TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-SI TITLE NAME	ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS ADDRESS ADDRESS	ADI	Trust Fund Contri	bution.	D DIREC Cha	TORS nge nge	to Fees IN 11 Addition Addition Addition

indicated on this report or supplemental report is true and accurate and that my signafure shall have the same legal effect as if made under oath; that I am an officer or director changed, or on an attachment with an address, with all other like empowered:

SIGNATURE: MelanieVshaw เรียงตั้งนี้ราย

1/7/03

850-864-4445

Daytime Phone #