

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000091721

1. Entity Name
THE CLOTHES BIN, INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90112 017 ***158.75

Principal Place of Business
4632 NORTHPOINTE CIRCLE
PENSACOLA FL 32514

Mailing Address
4632 NORTHPOINTE CIRCLE
PENSACOLA FL 32514-6648

00000000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3110 E. CERVANTES ST
Suite, Apt. #, etc.

3. Mailing Address
4632 NORTHPOINTE CIR.
Suite, Apt. #, etc.

City & State
PENSACOLA, FL

City & State
PENSACOLA, FL

4. FEI Number
59-3612131

Applied For
Not Applicable

Zip Country
32503 ESCAMBIA

Zip Country
32514 ESCAMBIA

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MERCER-KURZ, MARGARET
4632 NORTHPOINTE CIRCLE
PENSACOLA FL 32514

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
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.

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP
PD MERCER-KURZ, MARGARET
4632 NORTHPOINTE CIRCLE
PENSACOLA FL 32514 ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP
STD KURZ, STEPHEN R
4632 NORTHPOINTE CIRCLE
PENSACOLA FL 32514 ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

TITLE 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 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: *Margaret Mercer-Kurz*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 1-6-2000 Daytime Phone #

CR2E034 (9/99)