

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

FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90188 037 ***150.00

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DOCUMENT # P99000000874

1. Entity Name
G & W UNIFORMS INC.



Principal Place of Business
**1362 E. VINE ST.
KISSIMMEE FL 34744**

Mailing Address
**1362 E. VINE ST.
KISSIMMEE FL 34744**

2. Principal Place of Business
1386 E. Vine St

3. Mailing Address
2376 Harbor Town Dr

Suite, Apt. #, etc.
Kissimmee

Suite, Apt. #, etc.
Kissimmee FL

City & State
FL

City & State
34744

Zip
34744-3627

Country

Zip

Country

4. FEI Number **59-3550300**

Applied For
Not Applicable

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

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**RIVERA, GISELA
346 FERRARA CT.
KISSIMMEE FL 34758**

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

SIGNATURE *Gisela Rivera*

DATE **4/6/03.**

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	D RIVERA, NESTOR L 346 FERRARA CT. KISSIMMEE FL 34758	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	D RIVERA, GISELA 346 FERRARA CT KISSIMMEE FL 34758	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<input type="checkbox"/> Delete		<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: *Nestor L Rivera*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **4-2-03** DAYTIME PHONE # **(407) 516-0342**

CP2E034 (10/02)