

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90057 012 ***150.00

DOCUMENT # 155214

1. Entity Name

ABBOTT MILITARY TAILORS INC

Principal Place of Business

**200 S. PALAFOX STREET
PENSACOLA FL 32501**

Mailing Address

**200 S. PALAFOX STREET
PENSACOLA FL 32501**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

**WARREN JR, W H
200 S. PALAFOX ST.
PENSACOLA FL**

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, 2001 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 **PD** ☐ Delete
NAME **WARREN JR, W H**
STREET ADDRESS **200 S. PALAFOX STREET**
CITY-ST-ZIP **PENSACOLA FL**

TITLE **STD** ☐ Delete
NAME **OWENS, NANCY W.**
STREET ADDRESS **200 S. PALAFOX STREET**
CITY-ST-ZIP **PENSACOLA FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Chief Executive Officer** ☒ Change ☐ Addition
NAME **Warren, Jr. William H.**
STREET ADDRESS **200 S. Palafox St.**
CITY-ST-ZIP **Pensacola, FL 32501**

TITLE **Senior Vice President/** ☒ Change ☐ Addition
NAME **Nancy W. Owens Secretary/Treasurer**
STREET ADDRESS **200 S. Palafox St.**
CITY-ST-ZIP **Pensacola, FL 32501**

TITLE **President** ☐ Change ☒ Addition
NAME **Warren, III, William H.**
STREET ADDRESS **200 S. Palafox St.**
CITY-ST-ZIP **Pensacola, FL 32501**

TITLE **Vice President of Atlanta/Delta** ☐ Change ☒ Addition
NAME **Gary Michael Owens**
STREET ADDRESS **3401 Norman Berry Dr.**
CITY-ST-ZIP **Atlanta, Ga. 30344**

TITLE **Vice Pres. of Sales/Marketing** ☐ Change ☒ Addition
NAME **Charles M. Warren**
STREET ADDRESS **200 S. Palafox St.**
CITY-ST-ZIP **Pensacola, FL 32501**

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

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:

Nancy W. Owens
NANCY W. OWENS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(850) 438-9868

CR2E034 (10/00)