

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 310665

1. Entity Name
KEPP'S MEN'S SHOPS OF FLORIDA, INC.

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91256 001 ***400.00
05-18-2001 91256 002 ***150.00

72530



DO NOT WRITE IN THIS SPACE

Principal Place of Business
3541 MERCANTILE AVENUE
NAPLES FL 33942

Mailing Address
3541 MERCANTILE AVENUE
NAPLES FL 33942

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Same
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-1151530

Applied For
Not Applicable

Zip

Country

Zip

Country

34104

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RUSSELL JR, JAMES W
3005 FT CHARLES DR
NAPLES FL 33940

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME RUSSELL JR, JAMES W
STREET ADDRESS 3005 FT. CHARLES DR.
CITY-ST-ZIP NAPLES FL ☐ Delete

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

TITLE ST
NAME RUSSELL, BETSY ANN
STREET ADDRESS 3005 FT. CHARLES DR.
CITY-ST-ZIP NAPLES FL ☐ Delete

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

TITLE D
NAME RUSSELL, BETSY ANN
STREET ADDRESS 3005 FT. CHARLES DR.
CITY-ST-ZIP NAPLES FL ☐ Delete

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James W. Russell Jr. President

Date

Daytime Phone #

5/1/01

(941) 643-1234

CR2E034 (10/00)