2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 382698 1. Entity Name THE YOUNG MEN'S SHOP, INC.

FILED Jan 22, 2001 8:00 am Secretary of State

				01-22-2001 90020 015	***150.00
Principal Place of Business 400 MAIN ST. JACKSONVILLE FL 32202		Mailing Address 400 MAIN ST. JACKSONVILLE FL 32202		- }	บองบ
2. Principal Place of Business 400 N. MAIW ST Suite, Apt. #, etc.		3. Mailing Address 400 N · MAIN ST Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & State TACKS ON VILLE		City & State TACK SON VILL		4. FEI Number 59-1359903	Applied For Not Applicable
Zip 32202 Country		Zip 32202	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Name and Address of Current		<u> </u>		7. Name and Address of New Register	
LISSNER, MICHAEL 400 MAIN STREET JACKSONVILLE FL 32202		Street Address (P.O. Box Number is Not Acceptable		s (P.O. Box Number is Not Acceptable)	
			City		FL Zip Code
8. The above	named er	of changing its r	egistered office or regist	ered agent, or both, in the State of Florida.	
SIGNATURE.		nd title if applicable. (NOTE:		(21-11-01
			Registered Agent signature requi	red when reinstating)	
9. This corporation is eligible to satisfy ite mangible Tax filing requirement and elects to do so. (See criteria on back)		After MAY 1, 200	! FEE IS \$150.00 01 Fee will be \$550.00 le to Department of Si		\$5.00 May Be Added to Fees
11.	OFFICERS AND I	DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LISSNER,MICHAEL 3614 CATHEDRAL OAKS PLN JACKSONVILLE FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MOSS,BETTY 961 HOLLY LANE JACKSONVILLE FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	,	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition
indicated of the cor	on this report or supplemental report is poration or the receiver or trustee empore, or on an attachment with an address, w	true and accurate and that makers are to execute this report a	y signature shall have the	Section 119.07(3)(i), Florida Statutes. I further e same legal effect as if made under oath; th 07, Florida Statutes; and that my name appe	at I am an officer or director ars in Block 11 or Block 12 if