

001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 422604**

1. Entity Name

UNIFORM CITY, U.S.A., INC.

FILED**Apr 06, 2001 8:00 am**
Secretary of State

04-06-2001 90040 048 ***150.00

0346853

Principal Place of Business

4041 W. KENNEDY BLVD.
TAMPA FL 33609
US

Mailing Address

4601 W. ~~COMANCHE~~ AVE
TAMPA FL 33614
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

4601 W. COMANCHE AVE.

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1453866**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

CARMICHAEL, TAMARA P
201 SOUTH BISCAYNE BLVD
STE 3000
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

R. - Alan Higbee / Fowler White et al.

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

501 East Kennedy Blvd.

Suite 1700

City

Tampa

FL

Zip Code

33602

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

Fowler White et al. By: R. Alan Higbee 3/15/01

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DeleteNAME LINN, STEPHEN
STREET ADDRESS 4601 W COMANOBE AVE
CITY-ST-ZIP TAMPA FL 33614TITLE **D** ☐ DeleteNAME LINN, CONSTANCE
STREET ADDRESS 4601 W COMANOBE AVE
CITY-ST-ZIP TAMPA FL 33614TITLE **D** ☐ DeleteNAME LINN, JEFFREY N
STREET ADDRESS 4601 W COMANOBE AVE
CITY-ST-ZIP TAMPA FL 33614TITLE **D** ☐ DeleteNAME LINN, CRAIG
STREET ADDRESS 4601 W COMANOBE AVE
CITY-ST-ZIP TAMPA FL 33614TITLE ☐ DeleteNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DeleteNAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ AdditionNAME LINN, STEPHEN D.
STREET ADDRESS 4601 W. Comanche Ave.
CITY-ST-ZIPTITLE ☒ Change ☐ AdditionNAME CON LINN, CONSTANCE E.
STREET ADDRESS 4601 W. Comanche Ave.
CITY-ST-ZIPTITLE ☒ Change ☐ AdditionNAME
STREET ADDRESS 4601 W. Comanche Ave.
CITY-ST-ZIPTITLE ☒ Change ☐ AdditionNAME
STREET ADDRESS 4601 W. Comanche Ave.
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
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:

Jeffrey N. Linn JEFFREY N. LINN 3-05-01 813/249-2525

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)