

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90069 046 ***150.00

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DOCUMENT # 422604

1. Entity Name

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



Principal Place of Business

4041 W. KENNEDY BLVD.
TAMPA FL 33609
US

Mailing Address

4601 W CAMANCHE AVE
TAMPA FL 33614
US

2. Principal Place of Business

4045 W. KENNEDY BLVD

3. Mailing Address

Suite, Apt. #, etc.

City & State

TAMPA FL

City & State

Zip

33609 U.S.A.

Country

4. FEI Number

59-1453866

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

HIGBEE, R. ALAN
501 EAST KENNEDY BLVD.
STE 1700
TAMPA FL 33602

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

TITLE PD
NAME LINN, STEPHEN D
STREET ADDRESS 4601 W. COMANCHE AVENUE
CITY-ST-ZIP TAMPA FL 33614 ☐ Delete

TITLE D
NAME LINN, CONSTANCE E
STREET ADDRESS 4601 W. COMANCHE AVENUE
CITY-ST-ZIP TAMPA FL 33614 ☐ Delete

TITLE D
NAME LINN, JEFFREY N
STREET ADDRESS 4601 W. COMANCHE AVENUE
CITY-ST-ZIP TAMPA FL 33614 ☐ Delete

TITLE D
NAME LINN, CRAIG
STREET ADDRESS 4601 W. COMANCHE AVENUE
CITY-ST-ZIP TAMPA FL 37614 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

Signature

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/3/03 813) 249-2525

Date

Daytime Phone #

CR2E034 (10/02)