

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90186 042 ***150.00

DOCUMENT # 532978

1. Entity Name
MID-FLORIDA SPORTSWEAR, INC.

Principal Place of Business
2415 BELLEVUE AVENUE
DAYTONA BEACH FL 32114-5615

Mailing Address
2415 BELLEVUE AVENUE
DAYTONA BEACH FL 32114-5615



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-1756314	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

GALLAGHER, JAMES J.
644 PELICAN BAY DR.
DAYTONA BEACH FL 32119

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 _____ DATE _____
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> <small>(See criteria on back)</small>	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GALLAGHER, DELORES M 644 PELICAN BAY DR. DAYTONA BEACH FL 32119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COB GALLAGHER, JAMES J. 644 PELICAN BAY DR. DAYTONA BEACH FL 32119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BENDER, KEN 2238 S. DAYTONA AVE. FLAGLER BEACH FL 32136
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS KOBERG, MARY ELLEN 42 BRYAN CAVE ROAD DAYTONA BCH., FL 32119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GALLAGHER, JAMES M 811 BANBURY DRIVE PORT ORANGE FL 32119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KOBERG, JOHN A 42 BRYAN CAVE ROAD SOUTH DAYTONA FL 32119

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: _____ **4-25-02 386-258-5632**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
JOHN A KOBERG / PRESIDENT

CR2E034 (9/01)