

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 24, 2000 8:00 am**  
**Secretary of State**

01-24-2000 90050 001 \*\*\*150.00

**DOCUMENT # 658242**

Entity Name

**SHIRTS & KNITS UNLIMITED, INC.**

Principal Place of Business

4300 KINGS HWY. B-17 SCHOOLHOUSE SQUARE  
 PUNTA GORDA FL 33980-2917

Mailing Address

4300 KINGS HWY. B-17 SCHOOLHOUSE SQUARE  
 PUNTA GORDA FL 33980-2917

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 **59-1982561**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional**  
 Fee Required

6. Name and Address of Current Registered Agent

**MULLER, PATRICIA**  
**4300 KINGS HWY., SCHOOL HOUSE SQ.**  
**PUNTA GORDA FL 33980**

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

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, 2000 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

TITLE **D** ☐ Delete  
 NAME **MULLER, PETER III**  
 STREET ADDRESS **24290 HENRY MORGAN BLVD**  
 CITY-ST-ZIP **PUNTA GORDA, FL 00000**

TITLE **DP** ☐ Delete  
 NAME **MULLER, PATRICIA**  
 STREET ADDRESS **24290 HENRY MORGAN BLVD**  
 CITY-ST-ZIP **PUNTA GORDA, FL 00000**

TITLE **D** ☐ Delete  
 NAME **MULLER, PETER IV**  
 STREET ADDRESS **24290 HENRY MORGAN BLVD**  
 CITY-ST-ZIP **PUNTA GORDA, FL 00000**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
 NAME **Peter Muller III**  
 STREET ADDRESS **12599 SW Kingsway Cir.**  
 CITY-ST-ZIP **Arcadia, FL 34266-7001**

TITLE ☐ Change ☐ Addition  
 NAME **Patricia A. Muller**  
 STREET ADDRESS **12599 SW Kingsway Cir.**  
 CITY-ST-ZIP **Arcadia, FL 34266-7001**

TITLE ☐ Change ☐ Addition  
 NAME **Peter Muller IV**  
 STREET ADDRESS **12599 Kingsway Circle**  
 CITY-ST-ZIP **Arcadia, FL 34266-7001**

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

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

TITLE ☐ Change ☐ Addition  
 NAME  
 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: *Patricia A. Muller*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**PATRICIA MULLER** 1-18-00 941 625-0660