

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2000 8:00 am
Secretary of State

02-19-2000 90008 048 ***150.00

DOCUMENT # 835514

1. Entity Name

RIVERSIDE UNIFORM RENTALS, INC.

Principal Place of Business

Mailing Address

11TH STREET, S.W.
P. O. BOX 460
MOULTRIE GA 31776-0460
US

11TH STREET, S.W.
P. O. BOX 460
MOULTRIE GA 31776-0460
US

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 **58-0833108**

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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 Added to F

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN

TITLE **PTCE** ☐ Delete
NAME **VEREEN, WILLIAM J**
STREET ADDRESS **21 DOGWOOD CIR**
CITY-ST-ZIP **MOULTRIE GA 31768**

TITLE **P/T/CEO/D** ☒ Change
NAME **VEREEN, WILLIAM J.**
STREET ADDRESS **21 Dogwood Circle**
CITY-ST-ZIP **Moultrie, GA 31768**

TITLE **EVP** ☐ Delete
NAME **VEREEN, HARVEY B**
STREET ADDRESS **2099 GA HWY 37 EAST**
CITY-ST-ZIP **MOULTRIE GA 31768**

TITLE **EVP/D** ☒ Change
NAME **VEREEN, HARVEY B.**
STREET ADDRESS **2099 GA HWY 37 EAST**
CITY-ST-ZIP **MOULTRIE, GA 31768**

TITLE **S** ☐ Delete
NAME **KING, CHARLES J**
STREET ADDRESS **813 HWY 111**
CITY-ST-ZIP **MOULTRIE GA 31768**

TITLE **SVP/S** ☒ Change
NAME **KING, CHARLES J.**
STREET ADDRESS **813 Ga. Hwy. 111**
CITY-ST-ZIP **Moultrie, GA 31768**

TITLE **D** ☐ Delete
NAME **VEREEN, T J**
STREET ADDRESS **1304 10TH ST., SE**
CITY-ST-ZIP **MOULTRIE GA 31768**

TITLE ☐ Change
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **EVPD** ☒ Delete
NAME **VEREEN, HARVEY B**
STREET ADDRESS **2099 GA HIGHWAY 37 EAST**
CITY-ST-ZIP **MOULTRIE GA 31768**

TITLE ☐ Change
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **VEREEN, BARBARA B**
STREET ADDRESS **1146 S. MAIN ST**
CITY-ST-ZIP **MOULTRIE GA 31768**

TITLE **VP/D** ☒ Change
NAME **VEREEN, BARBARA B.**
STREET ADDRESS **1146 S. MAIN STREET**
CITY-ST-ZIP **MOULTRIE, GA 31768**

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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CHARLES J. KING, SECRETARY

Date

(912) 985

Daytime Phone #