

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 26, 2001 8:00 am**  
**Secretary of State**

03-26-2001 90168 036 \*\*\*150.00

**DOCUMENT # 835514**

1. Entity Name

**RIVERSIDE UNIFORM RENTALS, INC.**

Principal Place of Business

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

Mailing Address

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**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

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, 2001 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	PTCE	<input checked="" type="checkbox"/> Delete
NAME	VEREEN, WILLIAM J	
STREET ADDRESS	21 DOGWOOD CIR	
CITY-ST-ZIP	MOULTRIE GA 31768	
TITLE	EVP	<input checked="" type="checkbox"/> Delete
NAME	VEREEN, HARVEY B	
STREET ADDRESS	2099 GA HWY 37 EAST	
CITY-ST-ZIP	MOULTRIE GA 31768	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	KING, CHARLES J	
STREET ADDRESS	813 HWY 111	
CITY-ST-ZIP	MOULTRIE GA 31768	
TITLE	D	<input type="checkbox"/> Delete
NAME	VEREEN, T J	
STREET ADDRESS	1304 10TH ST., SE	
CITY-ST-ZIP	MOULTRIE GA 31768	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	VEREEN, BARBARA B	
STREET ADDRESS	1146 S MAIN STREET	
CITY-ST-ZIP	MOULTRIE GA 31768	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	VEREEN, BARBARA B	
STREET ADDRESS	1146 S. MAIN ST	
CITY-ST-ZIP	MOULTRIE GA 31768	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P/T/CEO/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VEREEN, WILLIAM J.	
STREET ADDRESS	21 Dogwood Circle	
CITY-ST-ZIP	Moultrie, GA 31768	
TITLE	EVP/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VEREEN, HARVEY B.	
STREET ADDRESS	2099 Ga. Hwy. 37 East	
CITY-ST-ZIP	Moultrie, GA 31768	
TITLE	SVP/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KING, CHARLES J.	
STREET ADDRESS	813 Ga. Hwy. 111	
CITY-ST-ZIP	Moultrie, GA 31768	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Charles J. King*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**CHARLES J. KING, SECRETARY**

Date

**(229) 985-5210**

Daytime Phone #

CR2E034 (10/00)