

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 839836**

1. Entity Name

GENERAL TEXTILE COMPANY, INC.

Principal Place of Business

Mailing Address

**1850 SE PALM BEACH ROAD
STUART FL 34994-4003
US****1850 SE PALM BEACH ROAD
STUART FL 34994-4003
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 **58-0918491**

Applied For

Not Applicable

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****ADAMS, JOE A.
1850 SE PALM BEACH ROAD
STUART FL 33494**

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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	PD	<input type="checkbox"/> Delete
NAME	ADAMS, JOE A.	
STREET ADDRESS	1850 SE PALM BEACH ROAD	
CITY-ST-ZIP	STUART FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	ADAMS, JOE A.	
STREET ADDRESS	1850 SE PALM BEACH ROAD	
CITY-ST-ZIP	STUART FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	LAFORRE, JEORJETTE	
STREET ADDRESS	1850 SE PALM BEACH RD	
CITY-ST-ZIP	STUART FL	
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 19, 2001 8:00 am
Secretary of State

01-19-2001 90061 016 ***150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)