

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 843036

1. Entity Name

MITCHELL'S FORMAL WEAR, INC.

FILED

May 02, 2001 8:00 am
Secretary of State

05-02-2001 90116 009 ***150.00

Principal Place of Business

4444 SHACKLEFORD RD
NORCROSS GA 30093
US

Mailing Address

4444 SHACKLEFORD RD
NORCROSS GA 30093
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 58-0947890

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

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, 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
NAME
STREET ADDRESS
CITY-ST-ZIP
CEOP
DOYLE, JOSEPH B
51 INMAN CIR.
ATLANTA GA ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
CARMINES, FRANK
300 MEADOWWOOD DR
ROSWELL GA ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Timothy Kelleher
Senior VP
31 Hooker Lane
COS Cob, CT 06087 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WILLIAMS, SAMUEL A
2584 BROOKWOOD DR N E
ATLANTA, GA 00000 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Peter Muldoney
Sr Consultant
540 madison Ave 36 Floor
NY, NY 10022 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
CHILDS, MATT
9485 OLBANDS
ALPHARETTA GA 30201 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Tina Surh
Associate
197 Ashland Pl
Brooklyn NY 11217 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Norman Matthews
Director
800 Fifth Ave Apt 21-G
NY, NY 10021 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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 empowerments.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)