

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F00000006275

FILED
Mar 31, 2003
Secretary of State

Entity Name: UNIFORMS MANUFACTURING INC.

Current Principal Place of Business:

7360 EAST ACOMA, STE. 11
SCOTTSDALE, AZ 85260

New Principal Place of Business:

Current Mailing Address:

PO BOX 12716
SCOTTSDALE, AZ 85267

New Mailing Address:

FEI Number: 38-2198994

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: TUCKER, LAWRENCE
Address: 7360 EAST ACOMA, STE. 11
City-St-Zip: SCOTTSDALE, AZ 85260

Title: VD () Delete
Name: TUCKER, AARON
Address: 7360 EAST ACOMA, STE. 11
City-St-Zip: SCOTTSDALE, AZ 85260

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: TUCKER, AARON
Address: 7360 EAST ACOMA, STE. 11
City-St-Zip: SCOTTSDALE, AZ 85260

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AARON TUCKER

VP

03/31/2003

Electronic Signature of Signing Officer or Director

Date