

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 16, 2003 8:00 am
Secretary of State

01-16-2003 90063 037 ***150.00

DOCUMENT # F02000000085

1. Entity Name
VOLUNTEER KNIT APPAREL, INC.



Principal Place of Business
**403 OLD KNOXVILLE HWY
NEW TAZEWEEL TN 37825**

Mailing Address
**403 OLD KNOXVILLE HWY
NEW TAZEWEEL TN 37825**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

4. FEI Number **62-1334522** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**RAMOS, CHRISTINE L
11014 NW 33RD STREET, STE 109
MIAMI FL 33172**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change Addition

TITLE **P**
NAME **WEST, GARY**
STREET ADDRESS **403 OLD KNOXVILLE HWY**
CITY-ST-ZIP **NEW TAZEWEEL TN**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VST**
NAME **HARRIS, CHARLES**
STREET ADDRESS **403 OLD KNOXVILLE HWY**
CITY-ST-ZIP **NEW TAZEWEEL TN**

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Charles R. Harris** **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-2003 **423-626-8000**
Date Daytime Phone #

CR2E034 (10/02)