

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000000789

1. Entity Name
RENTAL UNIFORM SERVICE, INC.

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90201 014 ***150.00

Principal Place of Business
14115 LOVERS LANE
CULPEPER VA 22701

Mailing Address
14115 LOVERS LANE
CULPEPER VA 22701

00066637



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 54-0800678		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent RUBINO, MARK 2215 INTERSTATE DRIVE LAKE LAND FL 33805				7. Name and Address of New Registered Agent Name Frank Handwerk Street Address (P.O. Box Number is Not Acceptable) 2215 Interstate Dr. City Lakeland FL Zip Code 33805			
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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 Frank Handwerk 4/30/01
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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD NAME MYERS, ALAN STREET ADDRESS 14115 LOVERS LANE CITY-ST-ZIP CULPEPPER VA	<input type="checkbox"/> Delete	TITLE AS NAME Overby, William J. STREET ADDRESS 14115 Lovers Lane CITY-ST-ZIP Culpeper Va 22701	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE VD NAME NEWTON, J.S. STREET ADDRESS 14115 LOVERS LANE CITY-ST-ZIP CULPEPPER VA 22701	<input type="checkbox"/> Delete	TITLE T NAME O'Grady, Stephen J. STREET ADDRESS 14115 Lovers Lane CITY-ST-ZIP Culpeper Va 22701	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE FD SD NAME FLOYD JR, JAMES E STREET ADDRESS 14115 LOVERS LANE CITY-ST-ZIP CULPEPPER VA	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE CD NAME LANE, STEPHEN B STREET ADDRESS 14115 LOVERS LANE CITY-ST-ZIP CULPEPPER VA	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE AS NAME JARVIS, NELDON L STREET ADDRESS 14115 LOVERS LANE CITY-ST-ZIP CULPEPPER VA 22701	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 empowered.

SIGNATURE: 4/25/01 540-825-6800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)