

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 18, 2002 8:00 am
Secretary of State

08-18-2002 90127 006 ***150.00

DOCUMENT # G64243

1. Entity Name
SURE-FIT FORMAL WEAR, INC.

Principal Place of Business
% ARTHUR BENES
5629 TERRAIN DE GOLF DRIVE
LUTZ FL ~~33549~~ 33558

Mailing Address
% ARTHUR BENES
5629 TERRAIN DE GOLF DRIVE
LUTZ FL ~~33549~~ 33558



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2327083**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

BENES, ARTHUR
5629 TERRAIN DE GOLF DRIVE
LUTZ FL ~~33549~~ 33558

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

33558

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

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 **DP** ☐ Delete
 NAME **BENES, ARTHUR**
 STREET ADDRESS **5629 TERRAIN DE GOLF DRIVE**
 CITY-ST-ZIP **LUTZ FL ~~33549~~ 33558**

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

TITLE **D** ☐ Delete
 NAME **BENES, MARILYN**
 STREET ADDRESS **5629 TERRAIN DE GOLF DRIVE**
 CITY-ST-ZIP **LUTZ FL ~~33549~~ 33558**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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:

Matthew LeBened
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8-13-02

(813) 792-9727

CR2E034 (4/02)

Attachments

974789

#664243

 Imperial

CLEANERS
& LAUNDRY

ALTERATIONS • DRAPERY SERVICE

Full Service Professional Dry Cleaner • Same Day Service, In By 9 AM, Out By 4 PM 6 Days A Week

8-13-02

To Whom It May Concern:

I did not receive the first
form of the 2002 Uniform Business
Report.

Talked to a gentleman at your office
& he advised me to write this note
& make check of \$150.00.

Gave me a phone number to call
next year before Feb 1st if I haven't
received form.

Thank you.

Marilyn L. Jones

Imperial Cleaners.