

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90210 047 ***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 33558

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

2. Principal Place of Business

ARTHUR BENES
18831 AVE BIARRITZ

3. Mailing Address

18831 AVE BIARRITZ

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LUTZ FL

City & State

LUTZ FL

Zip

33558

Country

Zip

33558

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

59-2327083

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BENES, ARTHUR
5629 TERRAIN DE GOLF DRIVE
LUTZ FL 33549

7. Name and Address of New Registered Agent

Name

BENES, ARTHUR

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

18831 AVE BIARRITZ

City

LUTZ

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

Marilyn Benes

Sec. Treas.

4-15-03

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

TITLE	DP	<input type="checkbox"/> Delete
NAME	BENES, ARTHUR	
STREET ADDRESS	5629 TERRAIN DE GOLF DRIVE	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE	D	<input type="checkbox"/> Delete
NAME	BENES, MARILYN	
STREET ADDRESS	5629 TERRAIN DE GOLF DRIVE	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENES, ARTHUR	
STREET ADDRESS	18831 AVE BIARRITZ	
CITY-ST-ZIP	LUTZ, FL. 33558	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENES MARILYN	
STREET ADDRESS	18831 AVE BIARRITZ	
CITY-ST-ZIP	LUTZ, FL. 33558	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Marilyn Benes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/03 (813) 792-9727

Date

Daytime Phone #

CR2E034 (10/02)