2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 06, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000000315

1. Entity Name
THE UNIFORM OUTLET OF FLORIDA, LLC

Principal Place of Business	Mailing Address
5713 BEACH BOULEVARD, K-MART CENTER JACKSONVILLE FL 32207	5713 BEACH BOULEVARD, K-MART CENTER JACKSONVILLE FL 32207

MOORE CR2E083 (11/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 80-0023037 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

BOATRIGHT, SCOTT R ESQ
C/O J. HOWARD SHEFFIELD, P.A.
4209 BAYMEADOWS ROAD, SUITE 4
JACKSONVILLE FL 32217

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 $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE	MGR	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	PAPA, VICTOR HARRY JR		NAME	U00000078938
STREET ADDRESS	5713 BEACH BLVD., K-MART CENTER		STREET ADDRESS	03/08/04-80046-003 50.00
CITY-ST-ZIP	JACKSONVILLE FL 32207		CITY-ST-ZIP	
TITLE	MGR	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	HERRERA, ALEXANDER D JR		NAME	
STREET ADDRESS	5713 BEACH BLVD., K-MART CENTER		STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32207		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [signature] Victor Harry Papa Jr 3-5-04 (904)398-7005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #