

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L41252

1. Entity Name

SHIRTS & CAPS, INC.

Principal Place of Business

Mailing Address

38530 FIFTH AVE.
ZEPHYRHILLS FL 33540
US

38530 FIFTH AVE.
ZEPHYRHILLS FL 33540
US

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 59-2983929

Applied For
Not Applicable

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

HILFERDING, TERRY
38530 FIFTH AVE.
ZEPHYRHILLS FL 33540

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.

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 \$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. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	☐ Delete
NAME	HILFERDING, TERRY	
STREET ADDRESS	38530 FIFTH AVE.	
CITY-ST-ZIP	ZEPHYRHILLS FL 33540	
TITLE	STD	☐ Delete
NAME	HILFERDING, ROBERT	
STREET ADDRESS	38530 FIFTH AVE.	
CITY-ST-ZIP	ZEPHYRHILLS FL 33540	
TITLE	PD	☐ Delete
NAME	HILFERDING, ERIC	
STREET ADDRESS	5219 3RD STREET	
CITY-ST-ZIP	ZEPHYRHILLS FL 33541	
TITLE	VPD	☐ Delete
NAME	HILFERDING, GREGG	
STREET ADDRESS	38938 FIFTH AVE	
CITY-ST-ZIP	ZEPHYRHILLS FL 33540	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert Hilferding

Date

1/8/01

Daytime Phone #

813 788-7026

FILED
Jan 19, 2001 8:00 am
Secretary of State

01-19-2001 90097 038 ***150.00

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DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

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