

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L46494

1. Entity Name

HOSIERY SALES, INC.

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90013 019 ***150.00

Principal Place of Business

Mailing Address

11430 NW 56 DR APT 114
CORAL SPRINGS FL 33076

11430 NW 56TH DR APT 114
CORAL SPRINGS FL 33076-3130

2. Principal Place of Business

5865 NW 122nd DR.

3. Mailing Address

5865 NW 122nd DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
CORAL SPRINGS FL

City & State
CORAL SPRINGS FL

4. FEI Number 65-0170956

Applied For

Not Applicable

Zip Country
33076 USA

Zip Country
33076 USA

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

WIDRICH, SANDY
11430 NW 56TH DR
APT 114
CORAL SPRINGS FL 33076

Name: SANDY WIDRICH
Street Address (P.O. Box Number is Not Acceptable)
5865 NW 122nd DR

City State Zip Code
CORAL SPRINGS FL 33076

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 *Sandy Widrich*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE 4/3/2000

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, 2000 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 WIDRICH, SANDY
STREET ADDRESS 11430 NW 56TH DR APT 114
CITY-ST-ZIP CORAL SPRINGS FL 33076

TITLE D ☒ Change ☐ Addition
NAME SANDY WIDRICH
STREET ADDRESS 5865 122nd DR
CITY-ST-ZIP CORAL SPRINGS FL 33076

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE ☐ Delete
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TITLE ☐ Delete
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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:

Sandy Widrich
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 4/3/2000

DAYTIME PHONE # 954 345 6273

CR2E034 (9/99)