

2001 UNIFORM BUSINESS REPORT (UBR)

0017157 AF

DOCUMENT # **L99000005008**

1. Entity Name

AMERICAN TOWEL AND TEXTILE LLC

FILED

01 APR 12 AM 9:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

~~501 E. KENNEDY BOULEVARD, SUITE 1700~~
~~TAMPA FL 33602~~

~~501 E. KENNEDY BOULEVARD, SUITE 1700~~
~~TAMPA FL 33602~~



2. Principal Place of Business

306 Tyler Street

3. Mailing Address

306 Tyler Street

Suite, Apt. #, etc.

Fourth Floor

Suite, Apt. #, etc.

Fourth Floor

City & State

Tampa, FL

City & State

Tampa, FL

Zip

33602

Country

Hillsborough

Zip

33602

Country

Hillsborough

4. FEI Number

59-3592058

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

JACOBSON, RICHARD A

501 E. KENNEDY BOULEVARD, SUITE 1700

TAMPA FL 33602

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.

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 Department of State

9. MANAGING MEMBERS / MEMBERS

TITLE NAME ☐ Delete
MGRM
SCOLARO, JOHN F
STREET ADDRESS
501 E. KENNEDY BOULEVARD, SUITE 1700
CITY-ST-ZIP
TAMPA FL 33602

TITLE NAME ☐ Delete
MGRM
PAN BEAUTY COMPANY LTD
STREET ADDRESS
501 E. KENNEDY BOULEVARD, SUITE 1700
CITY-ST-ZIP
TAMPA FL 33602

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE NAME ☒ Change ☐ Addition
President
John F. Scolaro
STREET ADDRESS
306 Tyler Street 4th. Floor
CITY-ST-ZIP
Tampa, FL 33602

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

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP
400004036594--8
-04/20/01--01113--024
*******50.00 *****50.00**

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

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

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

02-02-01

Date

Daytime Phone #

813 228-6001

CR2E083 (11/00)