

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 05, 2006 8:00 am**  
**Secretary of State**

05-05-2006 90167 049 \*\*\*150.00

**DOCUMENT # M83772**

1. Entity Name

THE UNIFORM SHOP OF VERO BEACH, INC.



Principal Place of Business

835 B20TH PLACE  
B  
VERO BEACH FL 32960  
US

Mailing Address

835 B20TH PLACE  
B  
VERO BEACH FL 32960  
US

2. Principal Place of Business

976 14TH LANE

3. Mailing Address

976 14TH LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

VERO BEACH, FL

City & State

VERO BEACH, FL

Zip

32960

Country

INDIAN RIVER

Zip

32960

Country

INDIAN RIVER

6. Name and Address of Current Registered Agent

POLK, WILLIAM D

~~835 B 20TH PLACE~~  
VERO BEACH FL 32960

976 14TH LANE

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 \$150.00**

**After May 1, 2006 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	PD	<input type="checkbox"/> Delete
NAME	POLK, WILLIAM D.	
STREET ADDRESS	170 15TH AVE	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	POLK, PATRICIA E.	
STREET ADDRESS	170 15TH AVE	
CITY-ST-ZIP	VERO BEACH FL	
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	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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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 exemptions contained in Section 119, 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

William D. Polk

4/29/04 772  
562-1995