

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 15, 2003 8:00 am
Secretary of State

04-15-2003 90117 043 ***150.00

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FP

DOCUMENT # P00000024759

1. Entity Name
APPAREL RESOURCE CONSULTING, INC.



Principal Place of Business
**16510 DIAMOND PLACE
WESTON FL 33331**

Mailing Address
**16510 DIAMOND PLACE
WESTON FL 33331**



2. Principal Place of Business

2064 RIVERGATE DR

Suite, Apt. #, etc.

3. Mailing Address

2064 RIVERGATE DR

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

ORANGE PARK, FL

City & State

ORANGE PARK, FL

4. FEI Number **65-0995947**

Applied For

Not Applicable

Zip

32003

Country

CLAY

Zip

32003

Country

CLAY

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WOLFE, ANGELA C
16510 DIAMOND PLACE
WESTON FL 33331**

7. Name and Address of New Registered Agent

Name **ANGELA R. WOLFE**

Street Address (P.O. Box Number is Not Acceptable)

2064 RIVERGATE DR

City

ORANGE PARK

FL

Zip Code

32003

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 *Angela Wolfe*
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, 2003 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 **P** ☐ Delete
NAME **WOLFE, ANGELA R**
STREET ADDRESS **16510 DIAMOND PLACE**
CITY-ST-ZIP **WESTON FL 33331**

TITLE **VP** ☐ Delete
NAME **WOLFE, THOMAS O**
STREET ADDRESS **16510 DIAMOND PLACE**
CITY-ST-ZIP **WESTON FL 33331**

TITLE **S** ☐ Delete
NAME **WOLFE, ANGELA**
STREET ADDRESS **16510 DIAMOND PLACE**
CITY-ST-ZIP **WESTON FL 33331**

TITLE **T** ☐ Delete
NAME **WOLFE, TOM**
STREET ADDRESS **16510 DIAMOND PLACE**
CITY-ST-ZIP **WESTON FL 33331**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME **WOLFE, ANGELA R.**
STREET ADDRESS **2064 RIVERGATE DR**
CITY-ST-ZIP **ORANGE PARK FL 32003**

TITLE **VICE PRESIDENT** ☒ Change ☐ Addition
NAME **WOLFE, THOMAS O**
STREET ADDRESS **2064 RIVERGATE DR**
CITY-ST-ZIP **ORANGE PARK FL 32003**

TITLE **SECRETARY** ☒ Change ☐ Addition
NAME **WOLFE, ANGELA R.**
STREET ADDRESS **2064 RIVERGATE DR**
CITY-ST-ZIP **ORANGE PARK FL 32003**

TITLE **TRES.** ☒ Change ☐ Addition
NAME **WOLFE, THOMAS**
STREET ADDRESS **2064 RIVERGATE DR**
CITY-ST-ZIP **ORANGE PARK FL 32003**

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Angela Wolfe*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/03 **904215 9769**
Date Daytime Phone #

CR2E034 (10/02)