

2001 UNIFORM BUSINESS REPORT (UBR)

4/14/19

FILED
May 31, 2001 8:00 am
Secretary of State

04-19-2001 90091 021 ***150.00

DOCUMENT # P00000046834

1. Entity Name
M & M UNIFORMS, INC.

Principal Place of Business Mailing Address
 2314 IMMOKALEE RD 2314 IMMOKALEE RD
 NAPLES FL 34110 NAPLES FL 34110

2. Principal Place of Business 3. Mailing Address
2314 Immokalee Rd **same**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Naples, FL **Naples, FL**
 Zip Country Zip Country
34110 **Collier** **34110** **Collier**

4. FEI Number Applied For
25-1008462 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MCCUMBER, MARY-ANN
5801 CEDAR TREE LANE
NAPLES FL 34116

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 Mary McCumber DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. **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

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
	Mary McCumber	5801 Cedar Tree Lane	NAPLES, FL 34116		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Mary McCumber Date April 12, 2001 (941) 516-9199

CR2034 (10/00)