

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 10, 2002 8:00 am
Secretary of State

09-10-2002 90236 005 ***550.00

DOCUMENT # P00000046834

1. Entity Name
M & M UNIFORMS, INC.

Principal Place of Business

**2314 IMMOKALEE RD
 NAPLES FL 34110**

Mailing Address

**2314 IMMOKALEE RD
 NAPLES FL 34110**

2. Principal Place of Business

2340 Immokalee Rd
 Suite, Apt. #, etc.

3. Mailing Address

2340 Immokalee Rd
 Suite, Apt. #, etc.

City & State

Naples FL

City & State

Naples FL

4. FEI Number

54-2040212-65-1008462

Applied For

Not Applicable

Zip

34110

Country

USA

Zip

34110

Country

USA

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

1251 Frank Whiteman Blvd
 City **Naples FL** Zip Code **34103**

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 **Kristine Holton**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

8-29-02

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 \$550.00
 After September 13, 2002 Fee will be \$750.00
 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 **P** ☒ Delete
 NAME **MCCUMBER, MARY**
 STREET ADDRESS **5801 CEDAR TREE LN**
 CITY-ST-ZIP **NAPLES FL 34116**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President** ☐ Change ☒ Addition
 NAME **Kristine Holton**
 STREET ADDRESS **1251 Frank Whiteman Blvd**
 CITY-ST-ZIP **Naples FL 34103**

TITLE **V. President** ☐ Change ☒ Addition
 NAME **Andy Holton**
 STREET ADDRESS **Same**
 CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-29-02 82395669699

Date

Daytime Phone #

CR2E034 (4/02)