

**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**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**2340 Immokalee Rd**

3. Mailing Address  
**2340 Immokalee Rd**

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** DATE **8-29-02**

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

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input checked="" type="checkbox"/> Delete	TITLE President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME MCCUMBER, MARY		NAME Kristine Holton	
STREET ADDRESS 5801 CEDAR TREE LN		STREET ADDRESS 1251 Frank Whiteman Blvd	
CITY-ST-ZIP NAPLES FL 34116		CITY-ST-ZIP Naples, FL 34103	
TITLE	<input type="checkbox"/> Delete	TITLE V. President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME Andy Holton	
STREET ADDRESS		STREET ADDRESS Same	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 RELOADED** DATE **8-29-02** DAYTIME PHONE # **92395669699**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (4/02)