

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90237 034 \*\*\*150.00

0455665 AV

DOCUMENT # P01000098345

1. Entity Name  
F & C TAILORING CO.



Principal Place of Business  
3119 W DOUGLAS STREET  
TAMPA FL 33607

Mailing Address  
3119 W DOUGLAS STREET  
TAMPA FL 33607



2. Principal Place of Business

3119 W. Douglas St.

3. Mailing Address

3119 W. Douglas St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

Tampa, FL

City & State

Tampa, FL

4. FEI Number

59-3754857

Applied For

Not Applicable

Zip

33607

Country

Hillsborough

Zip

33607

Country

Hillsborough

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ALAMO, FELIX R  
3119 W DOUGLAS ST  
TAMPA FL 33607

7. Name and Address of New Registered Agent

Name Felix R. Alamo

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

3119 W. Douglas St.

City Tampa

FL

Zip Code 33607

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

4-28-03

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 PD  
NAME ALAMO, FELIX R  
STREET ADDRESS 3119 W DOUGLAS ST  
CITY-ST-ZIP TAMPA FL 33607 ☐ Delete

TITLE VPD  
NAME FOSTER, CARMEN  
STREET ADDRESS 1612 ROBIN LANE  
CITY-ST-ZIP BRANDON FL 33510 ☐ Delete

TITLE SD  
NAME FOSTER, CARMEN  
STREET ADDRESS 1612 ROBIN LANE  
CITY-ST-ZIP BRANDON FL 33510 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE  
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CITY-ST-ZIP ☐ Change ☐ Addition

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

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

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:

Felix Alamo

4-28-03

4-28-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)