

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 13, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90834 026 \*\*\*150.00

**DOCUMENT # P02000070558**

1. Entity Name

CATHY'S UNIFORMS & MORE, INC.



Principal Place of Business

ROUTE 12, BOX 403  
LAKE CITY FL 32025

Mailing Address

ROUTE 12, BOX 403  
LAKE CITY FL 32025

2. Principal Place of Business

1009 SW MAIN Blvd  
Suite, Apt. #, etc.  
Suite 135

3. Mailing Address

1009 SW MAIN Blvd  
Suite, Apt. #, etc.  
Suite 135

City & State

Lake City, FL

City & State

Lake City, FL

Zip

32025

Country

USA

Zip

32025

Country

USA

4. FEI Number

04-3688982

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

RICHARD, TOWNSEND, CATHY  
ROUTE 12, BOX 403  
LAKE CITY FL 32025

7. Name and Address of New Registered Agent

Name: RICHARDS, TOWNSEND, CATHY  
Street Address (P.O. Box Number is Not Acceptable)  
Rt 12 Box 403

City

Lake City

FL

Zip Code

32025

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

*Cathy Richards*

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

(NOTE: Registered Agent signature required when reinstating)

01-08-03

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: D ☐ Delete  
NAME: RICHARDS, TOWNSEND, CATHY  
STREET ADDRESS: ROUTE 12, BOX 403  
CITY-ST-ZIP: LAKE CITY FL 32025

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TITLE: ☐ Delete  
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CITY-ST-ZIP:

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: D ☐ Change ☒ Addition  
NAME: Richards, James Ray  
STREET ADDRESS: Rt. 12 Box 403  
CITY-ST-ZIP: Lake City, FL 32025

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:

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:

*Cathy Richards*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-08-03

Date

386-755-2543

Daytime Phone #

CR2E034 (10/02)