

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2003 8:00 am
Secretary of State

04-04-2003 90136 010 ***150.00

DOCUMENT # P02000096139

1. Entity Name
JUST RIGHT T-SHIRTS, INC.



Principal Place of Business
**144 SW 84 LN
CORAL SPRING FL 33301**

Mailing Address
**144 SW 84 LN
CORAL SPRING FL 33301**

2. Principal Place of Business
5610 N.W. 12 Ave

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.
211

City & State
Fort Lauderdale FL.

City & State

Zip
33309

Country
U.S.A.

Zip

Country

4. FEI Number
33-1020584

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

**DRUCKER, GARY J
AMEEN & DRUCKER, P.A.
3111 UNIVERSITY DR STE 901
CORAL SPRINGS FL 33065**

7. Name and Address of New Registered Agent

Name
Frances Chenault
Street Address (P.O. Box Number is Not Acceptable)
144 S.W. 84 Ln.
City
Coral Springs Fl FL Zip Code
33071

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 **Frances Chenault, PRESIDENT**
Signature, typed or printed name of registered agent and title if applicable.

4-1-03
DATE

(NOTE: Registered Agent signature required when reinstating)

**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
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPT
CHENAULT, FRANCES
144 SW 84 LN
CORAL SPRING FL 33301** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVS
CHENAULT, DONALD G JR.
144 SW 84 LN
CORAL SPRING FL 33301** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Delete

TITLE
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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

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☐ 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: **Frances Chenault**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-03

Date

954-772-8401

Daytime Phone #

CR2E034 (10/02)