

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 03, 2004 8:00 am
Secretary of State

05-03-2004 90675 002 ***150.00

DOCUMENT # P03000115680					
1. Entity Name FLORIDA UNIFORMS OUTLET, INC.					
Principal Place of Business 426 W COMMERCE DR STE 140 LAKE CITY, FL 32056			Mailing Address 426 W COMMERCE DR STE 140 LAKE CITY, FL 32056		
2. Principal Place of Business 426 SW Commerce Dr Suite, Apt. #, etc. 140 City & State Lake City, FL Zip 32025 Country Columbia			3. Mailing Address PO Box 455 Suite, Apt. #, etc. City & State Lake Butler, FL Zip 32054 Country Union		
4. FEI Number 16-1686488 Applied For Not Applicable					
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145			7. Name and Address of New Registered Agent Name Liliana Perez Street Address (P.O. Box Number is Not Applicable) 420 NE 8th Ave City Lake Butler FL Zip Code 32054		
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  Liliana Perez 04-30-04 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing.) DATE					
FILE NOW!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PD	NAME PEREZ, SALVADOR A	☐ Delete	TITLE	NAME 270 NE 8th Ave	☒ Change ☐ Addition
STREET ADDRESS	426 W COMMERCE DR STE 140		STREET ADDRESS		
CITY-ST-ZIP	LAKE CITY, FL 32056		CITY-ST-ZIP		
TITLE STD	NAME PEREZ, LIANA M	☐ Delete	TITLE	NAME 420 NE 8th Ave	☒ Change ☐ Addition
STREET ADDRESS	426 W COMMERCE DR STE 140		STREET ADDRESS	360 NE 8th Ave	☒ Change ☐ Addition
CITY-ST-ZIP	LAKE CITY, FL 32056		CITY-ST-ZIP		
TITLE D	NAME PEREZ, PATRICIO A	☐ Delete	TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS	426 W COMMERCE DR STE 140		STREET ADDRESS		
CITY-ST-ZIP	LAKE CITY, FL 32056		CITY-ST-ZIP		
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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:  Liliana Perez			04-30-04 3864963656 Date Daytime Phone #		