

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 24, 2004 8:00 am
Secretary of State

03-24-2004 90050 045 ***150.00

DOCUMENT # P93000033133

1. Entity Name

LEE'S UNIFORMS, INC.



Principal Place of Business

6300 15TH STREET NORTH
ST. PETERSBURG FL 33702
US

Mailing Address

6300 15TH STREET NORTH
ST. PETERSBURG FL 33702
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3183362

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~Fladger Lee Clark~~
~~THORNHILL, SHARON L~~
6300 - 15 ST NO
SAINT PETERSBURG FL 33702

Name

~~I thought you understood this last year~~
Street Address (P.O. Box Number is Not Acceptable)

~~nothing has changed from the original~~
City registration **FL** Zip Code

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 You took it upon your self to change the name ---- DO NOT DO THAT!

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution ☐ Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	<input checked="" type="checkbox"/> Owner - President - Treasurer	<input type="checkbox"/> Delete
NAME	CLARK, FLADGER L	
STREET ADDRESS	6300 15TH STREET NORTH	
CITY - ST - ZIP	ST. PETERSBURG FL 33702	
TITLE	<input type="checkbox"/> Secretary	<input type="checkbox"/> Delete
NAME	THORNHILL, SHARON L	
STREET ADDRESS	101 PERSHING STREET NE	
CITY - ST - ZIP	ST. PETERSBURG FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Fladger Lee Clark Mar 22, 04 (727) 528-4887