

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000028621

1. Entity Name

UNIFORM SALES, INC.

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90464 013 ***150.00

Principal Place of Business

Mailing Address

1317 1/2 CENTRAL TERRACE
LAKE WORTH FL 33460
US

1317 1/2 CENTRAL TERRACE
LAKE WORTH FL 33460-1868
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

65-0488252

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WHITMIRE, DRENNEN L JR.

500 S AUSTRALIAN

SUITE 800

WEST PALM BEACH FL 33406

Name

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

FLEMING, HALE & SHAW, P.A.

450 ROYAL PALM WAY, SIXTH FL.

City

PALM BEACH

FL

Zip Code

33480

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.

SIGNATURE

Drennen L. Whitmire DRENNEN L. WHITMIRE, JR 4/15/00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
DPT	LAROVERE, GERRIDINE	7509 NEMEC DR N	WEST PALM BEACH FL 33406	<input type="checkbox"/>
DVS	LAROVERE, RONALD F.	7509 NEMEC DR N	W. PALM BEACH FL 33406	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Ronald F. LaRovere RONALD F. LA ROVERE

4/15/00 561-947-6115

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)