

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000028621

Entity Name: UNIFORM SALES, INC.

**FILED**  
**Apr 01, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

1317 1/2 CENTRAL TERRACE  
LAKE WORTH, FL 33460 US

**New Principal Place of Business:**

**Current Mailing Address:**

1317 1/2 CENTRAL TERRACE  
LAKE WORTH, FL 33460 US

**New Mailing Address:**

FEI Number: 65-0488252

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WHITMIRE, DRENNEN L JR  
450 ROYAL PALM WAY, 6TH FLR  
PALM BEACH, FL 33480 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DPT  
Name: LAROVERE, GERRIDINE  
Address: 7509 NEMEC DR N  
City-St-Zip: WEST PALM BEACH, FL 33406

Title: DVS  
Name: LAROVERE, RONALD F.  
Address: 7509 NEMEC DR N  
City-St-Zip: W. PALM BEACH, FL 33406

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: GERRIDINE LAROVERE

DPT

04/01/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date