

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2002 8:00 am
Secretary of State

04-07-2002 90055 043 ***150.00

DOCUMENT # P94000067809

1. Entity Name

CODY'S MENSWEAR, INC.

Principal Place of Business

Mailing Address

**204 CENTRE STREET
 FERNANDINA BEACH FL 32034
 US**

**P.O. BOX 1676
 FERNANDINA BEACH FL 32035**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

118 W. PARK AVE.

P.O. BOX 2545

City & State

City & State

WINTER PARK, FL

WINTER PARK, FL

Zip

Country

Zip

Country

32789

ORANGE

32790

ORANGE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PHILLIPS, KAY ELLEN

**104 N. 17TH STREET
 FERNANDINA BEACH FL 32034**

Name

PHILLIPS, KAY ELLEN

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

118 W. PARK AVE.

City

WINTER PARK,

FL

Zip Code

32789

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

Kay E. Phillips

KAY E. PHILLIPS

3/30/02

Signature, typed or printed name of registered agent and date 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, 2002 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	D	<input type="checkbox"/> Delete
NAME	WAGNER, WILLIAM C	
STREET ADDRESS	104 N. 17TH STREET	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	
TITLE	D	<input type="checkbox"/> Delete
NAME	PHILLIPS, KAY ELLEN	
STREET ADDRESS	104 N. 17TH STREET	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D VP-5	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WAGNER, WILLIAM C	
STREET ADDRESS	118 W. PARK AVE.	
CITY-ST-ZIP	WINTER PARK, FL 32789	
TITLE	D. P.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHILLIPS, KAY ELLEN	
STREET ADDRESS	118 W. PARK AVE.	
CITY-ST-ZIP	WINTER PARK, FL 32789	
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		
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		

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:

Kay E. Phillips
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/02

Date

(407) 642-2639

Daytime Phone #

0003335 AV

CR2E034 (9/01)