

# 001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000000811

Entity Name  
UNIFORMS & SHOES INC.

**FILED**  
**Jan 31, 2001 8:00 am**  
**Secretary of State**

01-31-2001 90033 035 \*\*\*150.00

Principal Place of Business  
CONGRESS AVE.  
PALM SPRINGS FL 33461

Mailing Address  
3145 S. CONGRESS AVE.  
PALM SPRINGS FL 33461

909313



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0542499**

Applied For  
Not Applicable

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

## 6. Name and Address of Current Registered Agent

PODRAY, LORI  
4365 PALO VERDE DR.  
BOYNTON BEACH FL 33436

## 7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Is corporation eligible to satisfy its Intangible  
Filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 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**

## OFFICERS AND DIRECTORS

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

<p><input type="checkbox"/> Delete</p> <p><b>P</b> <b>PODRAY, LORI</b> <b>4365 PALO VERDE DR.</b> <b>BOYNTON BEACH FL 33436</b></p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>TITLE NAME STREET ADDRESS CITY - ST - ZIP</p>
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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 furnished 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 filed, 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 #

*Lori Podray* 1/22/01 561-7313380

CR2E034 (10/00)