

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2002 8:00 am
Secretary of State

04-26-2002 90005 031 ***150.00

DOCUMENT # P95000008424

1. Entity Name

RUE UNIFORMS AND ACCESSORIES, INC.

Principal Place of Business

**150 S MCMULLEN BOOTH RD
 CLEARWATER FL 33759
 US**

Mailing Address

**150 S MCMULLEN BOOTH RD
 CLEARWATER FL 33759
 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

31-1428226

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

BERGSMAN, LARRY

150 S MCMULLEN BOOTH RD

~~SUITE 112~~

CLEARWATER FL 33759

Name

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

150 MC MULLEN BOOTH ROAD SOUTH

City

CLEARWATER

FL

Zip Code

33759

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

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
 NAME **D. PAUL HAAGSMA**
 STREET ADDRESS **14450 46TH ST. NORTH SUITE 112**
 CITY-ST-ZIP **CLEARWATER FL**

TITLE ☒ Change ☐ Addition
 NAME **150 MC MULLEN BOOTH ROAD SOUTH**
 STREET ADDRESS **CLEARWATER, FL 33759**
 CITY-ST-ZIP

TITLE **V** ☐ Delete
 NAME **BARBARA HAAGSMA**
 STREET ADDRESS **14450 46TH STREET NORTH SUITE 112**
 CITY-ST-ZIP **CLEARWATER FL**

TITLE ☒ Change ☐ Addition
 NAME **150 MC MULLEN BOOTH ROAD SOUTH**
 STREET ADDRESS **CLEARWATER, FL 33759**
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/2002

1-800-759-5947

Date

Daytime Phone #

CR2E034 (9/01)