


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90018 046 ***150.00

DOCUMENT # P95000062475 1. Entity Name UNIFORM CITY - SOUTHEAST, INC.					
Principal Place of Business 1410 NORTHEAST 163RD ST NORTH MIAMI BEACH, FL 33162 US			Mailing Address 2132 KRATKY ROAD ATTN: TAX SAINT LOUIS, MO 63114		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-3331073	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST LINN, STEPHEN D 4601 W COMANCHE AVE TAMPA, FL 33614 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Michael Gillen 5200 Town Center Circle, Suite 470 Boca Raton, FL 33486		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LINN, JEFFREY 4601 W COMANCHE AVE TAMPA, FL 33614 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assistant Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Matthew Garff 5200 Town Center Circle, Suite 470 Boca Raton, FL 33486		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LINN, CRAIG 4601 W COMANCHE AVE TAMPA, FL 33614 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO President Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition James Rudd 2132 Kratky Road St. Louis, MO 63114		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO VANDERWAL, RICK 2132 KRATKY ROAD SAINT LOUIS, MO 63114 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Assistant Secretary Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Mark Kuchenrither 5200 Town Center Circle Suite 470 Boca Raton, FL 33486		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition m. Steven Liff 5200 Town Center Circle, Suite 470 Boca Raton, FL 33486		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assistant Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Michael McConvery 5200 Town Center Circle, Suite 470 Boca Raton, FL 33486		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: Rick Vanderwal <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			CFO 4/10/08 (314) 824-2950 <small>Date Daytime Phone #</small>		