

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90202 047 ***158.75

DOCUMENT # P95000079823
1. Entity Name
ABERCROMBIE, SIMMONS & GILLETTE OF FLORIDA, INC.



Principal Place of Business
**14041 "A" NO. DALE MABRY HWY.
TAMPA FL 33618
US**

Mailing Address
**10050 NORTHWEST FREEWAY
SUITE 245
HOUSTON TX 77092
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 **59-3338700**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TOWNSEND, RICHARD K
6028 CHESTER AVENUE
SUITE 101
JACKSONVILLE FL 32217**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VP** ☐ Delete
NAME **ABERCROMBIE, JAMES T**
STREET ADDRESS **6545 BUFFALO SPEEDWAY**
CITY-ST-ZIP **HOUSTON TX 77065**

TITLE ☐ Change ☐ Addition
NAME **7643 Ameswood Rd.**
STREET ADDRESS **Houston TX 77095**
CITY-ST-ZIP

TITLE **P** ☐ Delete
NAME **TOWNEND, RICHARD K**
STREET ADDRESS **POST OFFICE BOX 48100, N.A**
CITY-ST-ZIP **JACKSONVILLE FL 32247-8100**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Delete
NAME **JERRY, BROOKS**
STREET ADDRESS **129 DEER RIDGE DR.**
CITY-ST-ZIP **LA VERNIA TX 78121**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☐ Delete
NAME **HIMES, LESLIE**
STREET ADDRESS **9302 TASCOSA LANE**
CITY-ST-ZIP **HOUSTON TX 77064**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **BREAUX, KRAIG S 2ND VP**
STREET ADDRESS **11804 LANCASHIRE DR.**
CITY-ST-ZIP **TAMPA FL 33626**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **KINANE, WILLIAM 3RD VP**
STREET ADDRESS **655 LAKEVIEW DR.**
CITY-ST-ZIP **CORAL SPRINGS FL 33071**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Leslie Himes*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-03 713-680-2333
Date Daytime Phone #

CR2E034 (10/02)