

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000026640

1. Entity Name

UNIFORM COTTAGE, INC.

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90064 025 ***150.00

Principal Place of Business

Mailing Address

101 BROADWAY
KISSIMMEE FL 34741

101 BROADWAY
KISSIMMEE FL 34741-5713



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

101 BROADWAY

101 BROADWAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

KISSIMMEE FLORIDA

KISSIMMEE FLORIDA

Zip
34741

Country
USA

Zip
34741

Country
USA

4. FEI Number

59-3373869

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

MAGRUDER, C. MICHAEL
220 E. MONUMENT AVENUE
SUITE C
KISSIMMEE FL 34741

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.

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, 2000 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
NAME
STREET ADDRESS
CITY-ST-ZIP
P
JACQUES, PAULINE MARY
101 BROADWAY
KISSIMMEE FL 34741

☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP
V
JACQUES, LESLIE
101 BROADWAY
KISSIMMEE FL 34741

☐ Delete

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CITY-ST-ZIP
☐ Change ☐ Addition

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

4/30/2000

Date

407 847 3920

Daytime Phone #

CR2E034 (9/99)