

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000055686

1. Entity Name

UNIFIRST FINANCIAL SERVICES, INC.

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90015 035 ***150.00

Principal Place of Business

450 S AUSTRALIAN AVE
WEST PALM BEACH FL 33401
US

Mailing Address

PO BOX 4298
WEST PALM BEACH FL 33402-4298
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

65-0680628

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

MAZZA, DAVID R
3830 HOLLYWOOD BOULEVARD
HOLLYWOOD FL 33021

Name

Republic Security Bank

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

450 S. Australian Avenue

City

West Palm Beach

FL

Zip Code
33401

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 PD ☒ Delete
NAME MAZZA, DAVID R
STREET ADDRESS 3830 HOLLYWOOD BLVD
CITY-ST-ZIP HOLLYWOOD FL

TITLE SVP ☐ Change ☒ Addition
NAME John Primeau
STREET ADDRESS 450 S. Australian Avenue
CITY-ST-ZIP West Palm Beach, FL 33401

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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

Date

Daytime Phone #

2-27-00 561-802-4577