## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## P96000081047 **DOCUMENT #**

1. Entity Name

GREG'S WESTERN WEAR, INC.



**FILED** Apr 18, 2003 8:00 am Secretary of State 04-18-2003 90128 005 \*\*\*150.00

GOO WE TH'S

Principal Plac 3385 S. HIGH 213 CASSELBERR US	WAY 17-92	Mailing Address 1425 SUMMIT HILL DRIVE DELTONA FL 32725 US							
Suite, Apt.		Suite, Apt. #, etc.							
	.,				☐ CHECK HERE IF MAKING CHANGES				
City & State		City & State		4.	4. FEI Number 59-3402453			pplied For ot Applicable	
Zip	Country	Zip	Country	5.	Certificate of Status D	esired	\$8.75 Ad Fee Require		
	6. Name and Address of Current	Registered Agent		7.	Name and Address o	f New Register	ed Agent		
	* va	e e e e	Name	Name					
FARLEY, I			Street A	Address (P.O. I	(P.O. Box Number is Not Acceptable)				
SUITE 213	IIGHWAY 17-92 R								
	ERRY FL 32707		City		,		Zip Coc	de	
the obligati	named entity submits this statement for one of registered agent.  Signature, typed or printed name of registered agent a		registered office of			ate of Florida. I a		and accept	
- After	LE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department of	. State			9. Election Camp Trust Fund Co			00 May Be d to Fees	
10. '	OFFICERS AND	DIRECTORS	11.	Al	DDITIONS/CHANGES	TO OFFICERS A	AND DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BATTEN, GREGORY A 3385 S. HIGHWAY 17-92, STE 21 CASSELBERRY FL	☐ Defete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition Addition	
TITLE Name Street address City-St-Zip	VTD FARLEY, KEVIN M 3385 S. HIGHWAY 17-92, STE. 2 CASSELBERRY FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		144.00		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS FARLEY, TERESA M 3385 S HWY 17-92, STE 213 CASSELBERRY FL 32707	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITE, KENNETH M 3385 S HWY 17-92 STE 213 CASSELBERRY FL 32707	<b>∑</b> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAZLEY, LAURA A 3385 S HIGHWAY 17-82 213 CASSELBERRY FL 32707	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BATT	EN LAURA	A.	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ertify that the information supplied with	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAMM) 3385 S CASSE	Wheeler S. Hwy 17-92 1 LBERNY, FC	‡213 _ 32707	Change	<b>⊠</b> Addition	

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 accuracy, with all other like empowered.

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR