2002 UNIFORM BUSINESS REPORT (UBR)

Feb 10, 2002 8:00 am P97000010365 DOCUMENT # Secretary of State 1. Entity Name 02-10-2002 90048 022 ***150.00 J PHILLIP APPAREL, INC. Mailing Address Principal Place of Business 2170 17 STREET 2170 17 STREET SARASOTA FL 34234 SARASOTA FL 34234 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0732427 Not Applicable Country \$8.75 Additional Zip Zip Country П 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ADLER, JONATHAN P Street Address (P.O. Box Number is Not Acceptable) 4634 HIDDEN VIEW PLACE SARASOTA FL 34235 Zip Code City FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE:NOW!!!>FEE-IS-\$150:00-9. This corporation is eligible to satisfy its intangible— **\$5.00** May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME ADLER, JONATHAN P NAME STREET ADDRESS 4634 HIDDEN VIEW PLACE STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34235 CITY-ST-7(P ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME SHERMAN, JAMES STREET ADDRESS STREET ADDRESS 3807 LUBEC AVENUE CITY-ST-7iP CITY-ST-ZIP NORTH PORT FL 34286 Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delete TITLE NAMÉ NAME STREET ADDRESS 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 execut this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

npowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment with an address, with all other like e

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