## 2001 UNIFORM BUSINESS REPORT (UBR)

## Apr 10, 2001 8:00 am Secretary of State DOCUMENT # P97000046412 1. Entity Name SUPERIOR UNIFORM GROUP, INC. 04-10-2001 90093 003 \*\*\*150.00 Principal Place of Business Mailing Address 10099 SEMINOLE BLVD PO BOX 4002 SEMINOLE FL 33772-2539 SEMINOLE FL 33775-0002 C0044098 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 11-1385670 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BENSTOCK, MICHAEL Street Address (P.O. Box Number is Not Acceptable) 10099 SEMINOLE BLVD SEMINOLE FL 33772-2539 Zip Code 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, 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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change Addition NAME BENSTOCK, PETER NAME STREET ADDRESS STREET ADDRESS 10099 SEMINOLE BLVD CITY-ST-ZIP CITY-ST-ZIP SEMINOLE FL 33772 ☐ Delete TITLE Addition TITI F PD Change NAME NAME SCHWARTZ, ALAN STREET ADDRESS STREET ADDRESS 10099 SEMINOLE BLVD CITY-ST-7IP CITY-ST-ZIP SEMINOLE FL 33772 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME SEHECHTER, SAUL STREET ADDRESS STREET ADDRESS 10099.SEMINOLE BLVD CITY-ST-ZIP CITY-ST-ZIP SEMINOLE FL 33772 ☐ Detete TITLE TITLE ☐ Change Addition NAME BENSTOCK, MICHAEL NAME STREET ADDRESS STREET ADDRESS 10099 SEMINOLE BLVD CITY-ST-7IP CITY-ST-ZIP SEMINOLE FL 33772 TITLE CEOD Delete TITLE Change ☐ Addition NAME BENSTOCK, GERALD M NAME STREET ADDRESS STREET ADDRESS 10099 SEMINOLE BLVD CITY-ST-ZIP CITY-ST-ZIP SEMINOLE FL 33772 TITLE CF<sub>0</sub> ☐ Delete TITLE Change ☐ Addition NAME DEMOTT, ANDREW D JR STREET ADDRESS 10099 SEMINOLE BLVD STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP SEMINOLE FL 38772 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

Date