

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90023 013 ***150.00

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1. Entity Name
SUPERIOR UNIFORM GROUP, INC.



Principal Place of Business
**10055 SEMINOLE BLVD
SEMINOLE, FL 33772-2539**

Mailing Address
**PO BOX 4002
SEMINOLE, FL 33775-0002**

24005888



NEP&S

2. Principal Place of Business

3. Mailing Address
10055 Seminole Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01222004

Chg-P

CR2E034 (10/03)

City & State

City & State
Seminole, FL

4. FEI Number

11-1385670

Applied For

Not Applicable

Zip

Country

Zip

33772-2539

Country

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

**DAWSON, RICHARD T
10055 SEMINOLE BLVD
SEMINOLE, FL 33772-2539**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **N/A**

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
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **V** ☐ Delete
NAME **BENSTOCK, PETER**
STREET ADDRESS **10099 SEMINOLE BLVD**
CITY-ST-ZIP **SEMINOLE, FL 33772**

TITLE **Exec. V. P.** ☒ Change ☐ Addition
NAME **Benstock, Peter**
STREET ADDRESS **10055 Seminole Blvd.**
CITY-ST-ZIP

TITLE **PD** ☐ Delete
NAME **SCHWARTZ, ALAN**
STREET ADDRESS **10099 SEMINOLE BLVD**
CITY-ST-ZIP **SEMINOLE, FL 33772**

TITLE **Schwartz, Alan** ☒ Change ☐ Addition
NAME **10055 Seminole Blvd**
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☒ Delete
NAME **SEHECHTER, SAUL**
STREET ADDRESS **10099 SEMINOLE BLVD**
CITY-ST-ZIP **SEMINOLE, FL 33772**

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

TITLE **PD** ☐ Delete
NAME **BENSTOCK, MICHAEL**
STREET ADDRESS **10099 SEMINOLE BLVD**
CITY-ST-ZIP **SEMINOLE, FL 33772**

TITLE **CEO** ☒ Change ☐ Addition
NAME **Benstock, Michael**
STREET ADDRESS **10055 Seminole Blvd.**
CITY-ST-ZIP

TITLE **CEOD** ☐ Delete
NAME **BENSTOCK, GERALD M**
STREET ADDRESS **10099 SEMINOLE BLVD**
CITY-ST-ZIP **SEMINOLE, FL 33772**

TITLE **Chairman of the Board** ☒ Change ☐ Addition
NAME **Benstock, Gerald M.**
STREET ADDRESS **10055 Seminole Blvd.**
CITY-ST-ZIP

TITLE **CFO** ☐ Delete
NAME **DEMOTT, ANDREW D JR**
STREET ADDRESS **10099 SEMINOLE BLVD**
CITY-ST-ZIP **SEMINOLE, FL 33772**

TITLE **Demott, Andrew D. Jr.** ☒ Change ☐ Addition
NAME **10055 Seminole Blvd.**
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 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

Andrew D. Demott Jr.

1/31/04

(727) 397-9611

Sr. V.P., CFO, Treasurer

Daytime Phone #