2000 UNIFORM BUSINESS REPORT (UBR) **FILED** DOCUMENT # P97000048115 Feb 01, 2000 8:00 am Secretary of State 1. Entity Name CUSTOM CLOTHIERS, INC. 02-01-2000 90076 009 ***150.00 Principal Place of Business Mailing Address 2425 SO 3RD ST 2425 SO 3RD ST JACKSONVILLE FL 32250 JACKSONVILLE FL 32250-4024 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 59-3450528 Zip Country 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 SPRADLIN, L.D. SR Street Address (P.O. Box Number is Not Acceptable) 2425 SOUTH THIRD ST JACKSONVILLE BCH FL 32250 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2000 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. PRE _ · TITLE ☐ Delete TITLE Change SPRADLIN, L D SR NAME NAME 2425 SO 3RD ST STREET ADDRESS STREET ADDRESS JACKSONVILLE BEACH FL 32250 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete 7171 F Change : Additio NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Additio NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Additio NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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

TITLE

NAME

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: 6

NAME

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

≣

SIGNATURE AND TYPED OR PRINTED AME OF SIGNING OFFICER OR DIRECTOR

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

☐ Delete

Delete

1-27-00

Date

Daytime Phone #

☐ Change

☐ Change

☐ Additio

Addition