


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000093101	
1. Entity Name THE UNIFORM MAN, INC.	
	
Principal Place of Business 1501 N MAIN STREET JACKSONVILLE, FL 32206 US	Mailing Address 2690 TOWLE DRIVE PALM BEACH GARDENS, FL 33410 US



01072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3488138	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MILLER, MORRIS G 2690 TOWLE DRIVE PALM BEACH GARDENS, FL 33410	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

1000000203095
01/29/05-80017-003 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MILLER, JEWELL 7822 LAS CANAS CT JACKSONVILLE, FL 32256
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MILLER, BARRY P O BOX 752 N/A BRANDON, OR 97411
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MILLER, MORRIS 2690 TOWLE DRIVE PALM BCH. GARDENS, FL 33410
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

Date

Daytime Phone #

1/29/05