

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000017654

1. Entity Name

STRICTLY BUSINESSWEAR, INC.

Principal Place of Business

2182 E. SEMORAN BLVD.  
APOPKA FL 32703

Mailing Address

2182 E. SEMORAN BLVD.  
APOPKA FL 32703-5722

2. Principal Place of Business

907 RIDGE SPRING CT.

3. Mailing Address

P.O. Box 4454

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

APOPKA, FL

City & State

APOPKA, FL

Zip

32712

Country

USA

Zip

32704-4454

Country

USA

4. FEI Number

59-3492511

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TILL, KATHY S  
2182 E. SEMORAN BLVD.  
APOPKA FL 32712

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

907 RIDGE SPRING CT

City

APOPKA

FL

Zip Code

32712

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

*Kathy S. Till*

Signature, (typed or printed) name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/29/00

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

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

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete

P  
TILL, KATHY S  
907 RIDGE SPRING COURT  
APOPKA FL 32712

TITLE ☒ Delete

ST  
LONG, HOLLY A  
1630 BALMY BEACH DR.  
APOPKA FL 32703

TITLE ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete

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NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition

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NAME  
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TITLE ☐ Change ☐ Addition

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

SIGNATURE:

*Kathy S. Till* / KATHY S. TILL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/00

Date

(407) 814-1004

Daytime Phone #

CR20034 (9/99)