

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000017654

1. Entity Name
STRICTLY BUSINESSWEAR, INC.

Principal Place of Business

907 RIDGE SPRING CT
APOPKA FL 32712

Mailing Address

P O BOX 4454
APOPKA FL 32704-4454

2. Principal Place of Business

1208 EBBOL PARKWAY

3. Mailing Address

Suite, Apt. #, etc.

City & State

APOPKA, FL

City & State

4. FEI Number **59-3492511**

Applied For

Not Applicable

Zip
32712

Country
USA

Zip

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

TILL, KATHY S
907 RIDGE SPRING CT
APOPKA FL 32712

Name

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

1208 EBBOL PARKWAY

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)

4/22/01

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **TILL, KATHY S**
STREET ADDRESS **907 RIDGE SPRING COURT**
CITY-ST-ZIP **APOPKA FL 32712**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/01 407-814-1004
Date Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)