

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000074565

Entity Name
UNIFEEEL GLOVE COMPANY

FILED

01 JAN -2 AM 9:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
209 SE 6 STREET UNIT 1
BOYNTON BEACH FL 33435

Mailing Address
209 SE 6 STREET UNIT 1
BOYNTON BEACH FL 33435

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0860223

Approved For
Not Applicable

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

DUMMETT, IVAN
209 SE 6TH ST
UNIT 1
BOYNTON BEACH FL 33435

Name

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

City

FL

Zip Code

LS

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: *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

12/26/2000
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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
DUMMETT, IVAN
209 SE 6 STREET UNIT 1
BOYNTON BEACH FL 33435 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
500003534165--5
-01/12/01--01009--032
****750.00 ****750.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
DUMMETT, SALLY
209 SE 6 STREET UNIT 1
BOYNTON BEACH FL 33435 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
500003534165--5
-01/12/01--01009--033
****150.00 ****150.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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☐ Delete

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

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/5/2000 561-3691855
Date Daytime Phone #

CR2E034 (5/00)