

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000025748

**FILED**  
**Apr 26, 2011**  
**Secretary of State**

**Entity Name:** FLORIDA UNIFORMS & SUPPLIES, INC.

**Current Principal Place of Business:**

3501 SW 2 AVE  
SUITE 2200  
GAINESVILLE, FL 32607

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 455  
LAKE BUTLER, FL 32054

**New Mailing Address:**

**FEI Number:** 59-3566272

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PEREZ, LILIANA  
655 E MAIN STREET  
LAKE BUTLER, FL 32054 US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** PEREZ, SALVADOR A  
**Address:** 270 NE 8TH AVE  
**City-St-Zip:** LAKE BUTLER, FL 32054

**Title:** STD  
**Name:** PEREZ, LILIANA M  
**Address:** 420 NE 8TH AVE  
**City-St-Zip:** LAKE BUTLER, FL 32054

**Title:** D  
**Name:** PEREZ, PATRICIO A  
**Address:** 400 NE 8TH AVE  
**City-St-Zip:** LAKE BUTLER, FL 32054

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** LILIANA PEREZ

MS

04/26/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date