2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P9900067073

Mailing Address

951 S.W. 4TH AVE

1. Entity Name

JBT HOSIERY, INC.

Principal Place of Business

2505 N.W. BOCA RATON BLVD.



FILED Feb 21, 2003 8:00 am Secretary of State

02-21-2003 90824 002 ***150.00

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| SUITE 5 | UITE 5 BOCA RATON FL 33432-5803 | | | | | | | | | | | |
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| BOCA RATOR | N FL 33431 | | | i | | | | | | | | |
| 2. Principal F | Place of Busin | ness | 3. Mail | ing Address | | | | | | | B ana 1 80 11 18 111 | |
| 1600 1 | NW BOCA | RATON BLVD | | | | | | | | | | |
| Suite, Apt. SUITE | . #, etc. | | Suite, Apt. #, etc. | | | | | ☐ CHECK HERE IF MAKING CHANGES | | | | |
| City & Stat | te | | City & State | | | | 4. F | 4. FEI Number 65-0977762 | | | | oplied For ot Applicable |
| Zip 33432-1626 Country | | | Zip | Zip Country | | | 5. Certificate of Status Desired See Required \$8.75 Additional Fee Required | | | | | ditional |
| | 6. Name | and Address of Current | Registere | d Agent | | | 7. N | Name and Add | Iress of New R | egistered | Agent | |
| | | | | : | 1 | Name | | | | - | | |
| BLAKESB | ERG, WILLIA | AM J | | | | | | | | | | |
| 951 S.W. | | | | | , | Street Address (| (P.O. B | Box Number is I | Not Acceptable |) | | |
| | TON FL 33 | 432-5803 | | | | | | | | | | |
| | | | | | | City | | **** | | FL | - 1 | |
| 8. The above the obligat | e named entity tions of regist | y submits this statement fo ered agent. | r the purpo | ose of changing its | registered o | office or register | red age | ent, or both, in | the State of Flo | rída. Lam | familiar with, | and accept |
| SIGNATURE . | Signature, typed | or printed name of majstered agent | and title if appli | cable. (NOTE | : Registered Ag | ent signature required | d when rei | einstating) | <u>- </u> | DATE | | |
| 1 - | | • | | <u> </u> | | | | 1 | | | | |
| r | | FEE IS \$13490 | | r | | | | 9. Election | Campaign Fin | ancing | \$5 N | 0 May Be |
| After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State | | | | | | | 1 | Trust Fu | ınd Contribution | n. Č | | to Fees |
| 10. | ; | OFFICERS AND | | no: | 144 | | | DITION IO IO | 110-00-0 | | | |
| | D | OFFICERS AND | DIRECTOR | | 11. | | ADI | DITIONS/CHA | NGES TO OFFI | CERS AND | | |
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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 impowered 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 appliess, with all other like empowered.

SIGNATURE:

CHATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR NT REST IDENT