

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000069909

1. Entity Name

ARMY/NAVY FASHIONS, INC.

FILED
Mar 27, 2000 8:00 am
Secretary of State

03-27-2000 90082 031 ***150.00

Principal Place of Business

Mailing Address

3811 B TAMiami TRAIL
PORT CHARLOTTE FL 33952-8361

3811 B TAMiami TRAIL
PORT CHARLOTTE FL 33952-8361

2. Principal Place of Business

SAME AS ABOVE

3. Mailing Address

SAME AS ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0936142

Applied 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

ROZZO, ROBERT M
3811 B TAMiami TRAIL
PORT CHARLOTTE FL 33952-8361

Name

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

City

FL

Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PV	<input type="checkbox"/> Delete
NAME	HAVENER, JERALD E	
STREET ADDRESS	17284 SAN CARLOS BLVD., #101	
CITY-ST-ZIP	FORT MYERS FL 33931	
TITLE	ST	<input type="checkbox"/> Delete
NAME	ROZZO, ROBERT M	
STREET ADDRESS	17284 SAN CARLOS BLVD., #101	
CITY-ST-ZIP	FORT MYERS FL 33931	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PRES	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAVENER, JERALD E	
STREET ADDRESS	3811 B TAMiami TRAIL	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952	
TITLE	SECRET	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROZZO, ROBERT M	
STREET ADDRESS	3811 B TAMiami TRAIL	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)