2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000088680

1. Entity Name

STACEY'S UNIFORM CONNECTION, INC.

FILED
Apr 25, 2000 8:00 am
Secretary of State
04-25-2000 90135 032 ***150.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
114 NORTH MAIN STREET CHEIFLND FL 32626	114 NORTH MAIN STREET CHEIFLAND FL 32626-0801

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Chiefland	City & State Chiefland
Zip / Country	Zip / Country

4. FEI Number 59-3605436 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GRAHAM, ALICE D
114 NORTH MAIN STREET
CHEIFLND FL 32626

7. Name and Address of New Registered Agent

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 ______________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GRAHAM, ALICE D 114 NORTH MAIN STREET CHEIFLND FL 32626 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 3250 NW 52nd Ct Chiefland Fl 32626
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VTD GRAHAM, WALTER M 114 NORTH MAIN STREET CHEIFLND FL 32626 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 3250 NW 52nd Ct Chiefland Fl 32626
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CR2E034 (9/99)

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: Alice D. Graham Alice Graham 4/19/00 352-493-...
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #