

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000102241

1. Entity Name

EXECUTIVE APPARELS, INCORPORATED

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90144 004 ***150.00

Principal Place of Business

Mailing Address

8316 GRAMPELL DR.
JACKSONVILLE FL 32221

8316 GRAMPELL DR.
JACKSONVILLE FL 32221

2. Principal Place of Business

3. Mailing Address

8316 GRAMPELL DR
Suite, Apt. #, etc.

8316 GRAMPELL DR
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

JACKSONVILLE FL 32221

JACKSONVILLE FL

4. FEI Number

59-3612382

Applied For

Not Applicable

Zip
32221

Country
USA

Zip
32221

Country
USA

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

MC GILL, HAROLD
8316 GRAMPELL DR.
JACKSONVILLE FL 32221

Name

SAME

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 *Harold McGill*

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

(NOTE: Registered Agent signature required when reinstating)

4/24/2000
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 \$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 *OWNER & PRESIDENT*
NAME *Harold McGill*
STREET ADDRESS *8316 GRAMPELL DR*
CITY-ST-ZIP *JACKSONVILLE, FL 32221*

☐ Delete

TITLE
NAME
STREET ADDRESS
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☐ Change ☐ Addition

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☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)