

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000103944

1. Entity Name

CLASS ACT UNIFORMS.COM, INC.

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90001 005 ***150.00

Principal Place of Business

1515 UNIVERSITY DRIVE
222
CORAL SPRINGS FL 33071

Mailing Address

1515 UNIVERSITY DRIVE
222
CORAL SPRINGS FL 33071

2. Principal Place of Business

850 NW 57TH COURT
Suite, Apt. #, etc.

3. Mailing Address

850 NW 57TH COURT
Suite, Apt. #, etc.

City & State

FT. LAUDERDALE FL

City & State

FT. LAUDERDALE FL

Zip

33309

Country

USA

Zip

33309

Country

USA

4. FEI Number

05-0966456

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LIPSON, SAUL B
1515 UNIVERSITY DRIVE
222
CORAL SPRINGS FL 33071

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

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

TITLE	D	<input type="checkbox"/> Delete
NAME	GALLANT, GARY	
STREET ADDRESS	850 NW 57TH COURT	
CITY-ST-ZIP	FT LAUDERDALE FL 33309	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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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

GARY GALLANT

Date

Daytime Phone #

4/6/00 (954) 489-0555

CR2E034 (9/99)