

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 28, 2000 8:00 am
Secretary of State
07-28-2000 90146 046 ***150.00

DOCUMENT # S02452

1. Entity Name
JRJ FORMALWEAR, INC.

f

Principal Place of Business

**3302 MLK BLVD
STE 2075
TAMPA FL 33607
US**

Mailing Address

**3302 MLK BLVD
STE 2075
TAMPA FL 33607
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3028335**

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

**COLLINS, NEIL
3302 MARTIN LUTHER KING BLVD., #2075
TAMPA FL 33607**

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 **PS** ☐ Delete
NAME **COLLINS, NEIL**
STREET ADDRESS **4220 FORESTER LN**
CITY-ST-ZIP **TAMPA FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VT** ☐ Delete
NAME **COLLINS, LYNDIA**
STREET ADDRESS **4220 FORESTER LN**
CITY-ST-ZIP **TAMPA FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/24/00 813-875-7672

7/23/00

ATTACHMENT

@ 502452
AD069955

DIVISION 2 CORPORATIONS
UNIFORM BUSINESS REPORT FILING
P.O. BOX 1506
TALLAHASSEE, FL. 32302-1506

Re: UNIFORM BUSINESS REPORT

Enclosing check for \$150.00 Filing Fee.

PLEASE NOTE THAT I DID NOT RECEIVE
THE INITIAL NOTICE.

THE ADDRESS MUST SHOW THE
COMPANY NAME:

Neil Collins

JNS FORMULATORS FORMULATORS
dBA. GINNESS FORMULATORS
3302 M.L.K. BLVD #207
TAMPA FL. 33607

If you have any other plans call.
813-875-1367

Neil Collins