

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90124 028 ***150.00

DOCUMENT # S02452

1. Entity Name

JRJ FORMALWEAR, INC.

DBA GINGISS FORMALWEAR

Principal Place of Business

Mailing Address

3302 MLK BLVD
 STE 2075
 TAMPA FL 33607
 US

3302 MLK BLVD
 STE 2075
 TAMPA FL 33607
 US

2. Principal Place of Business

3. Mailing Address

14928 N. Dale Mabry Hwy / 4220 FORESTER LN

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

TAMPA FL

TAMPA, FL

Zip

Country

Zip

Country

33618

HILLSBORO

33624

HILLSBORO

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

Neil Collins

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

4220 FORESTER LN

City

TAMPA

FL

Zip Code

33618

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

Neil Collins

Neil Collins

1/19/07

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, 2001 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 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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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 a address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/19/2001 813-963-1920

CR2E034 (10/00)