

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S92161

1. Entity Name

UNIFORM SALES ASSOCIATES, INC.

FILED
May 22, 2000 8:00 am
Secretary of State

04-22-2000 90035 027 ***150.00

Principal Place of Business
 3570 CONSUMER STREET
 STE #5
 WEST PALM BEACH FL 33404
 US

Mailing Address
 3570 CONSUMER STREET
 STE #5
 WEST PALM BEACH FL 33404-1740
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0293404**

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

FILINGS, INC.
3732 NW 16TH STREET
FT LAUDERDALE FL 33311

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	FENTON, THOMAS B	
STREET ADDRESS	100 PARADISE HARBOR	
CITY-ST-ZIP	N PALM BEACH FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	FENTON, EMMA J	
STREET ADDRESS	100 PARADISE HBR #212	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	
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	President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Fenton, Thomas B.	
STREET ADDRESS	100 Paradise Hbr. #212	
CITY-ST-ZIP	N. Palm Beach, Fla. 33408	
TITLE	Secty/Treasurer	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Emma Jane Fenton	
STREET ADDRESS	100 Paradise Hbr. #212	
CITY-ST-ZIP	N. Palm Beach, Fla. 33408	
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		
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 *Thomas B. Fenton Pres* **47700**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **(561) 842-1400**
 Date Daytime Phone #

CR2E034 (9/99)