

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # S92161

1. Entity Name
UNIFORM SALES ASSOCIATES, INC.



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 US

FILED
Sep 01, 2006 08:00 AM
Secretary of State



07062006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0293404

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FENTON, THOMAS B
C/O UNIFORM SALES ASSOC, INC
3570 CONSUMER ST STE 5
WEST PALM BEACH, FL 33404

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000575868
09/01/06-80004-010 550.00

10. OFFICERS AND DIRECTORS

TITLE P
NAME FENTON, THOMAS B
STREET ADDRESS 100 PARADISE HBR. #212
CITY-ST-ZIP NORTH PALM BEACH, FL 33408

TITLE VP
NAME BELANGER, JOSEPH C
STREET ADDRESS 4864 PINEMORE LANE
CITY-ST-ZIP LAKE WORTH, FL 33463

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph C. Belanger

8/29/06

Date

561-842-1400

Daytime Phone #