Jan 24, 2003 8:00 am Secretary of State

FILED 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) 652554 **DOCUMENT#**

1. Entity Name QUALITY DRY CLEANERS, INC.						01-24-2003 90083	026 ***150	.00	
Principal Place of Business 104 W GRANT ST PLANT CITY FL 33566 US			Mailing Address 104 W GRANT ST PLANT CITY FL 33566 US NEW MAILING A DORESS						
2. Principal Place of Business			3. Mailing Address 243 E. TRA			T TO BATO DATOS COLOS TROCT DARK DELLA CECC MARK To the state of the s	I BIBIT BIBIT BLBTT BE	BIT REUEL LEUT	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			☐ CHECK HERE IF MAKI	NG CHANGES		
City & State			PLANT City	PLANT CITY, FL.		4. FEI Number 59-1968666	FEI Number 59-1968666 Applied For Not Applicable		
Zip		Country	33566	Countr	y 5. <i>1</i> 9.	5. Certificate of Status Desired	\$8.75 Add Fee Required		
6. Name and Address of Current Registered Agent						7. Name and Address of New Registere	d Agent		
y					Name				
SMIŤH, JUDY A			a manager	Street Address (I		P.O. Box Number is Not Acceptable)			
243 E TRAPNELL RD				-	Street Address (F.O. Box Number is Not Acceptable)				
PLANT CI	TY FL 3356	6		}					
					City	F	Zip Code	€	
	e named entit tions of regist		the purpose of changing its	registered	office or register	ed agent, or both, in the State of Florida. Far	m familiar with,	and accept	
SIGNATURE	Signature, typed	or printed name of registered agent a	nd title if applicable. (NOTE:	: Registered	Agent signature required	when reinstating) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State									
Afte	r May 1, 200	3 Fee will be \$550.00	State			Election Campaign Financing Trust Fund Contribution.	\$5.0 Added	O May Be to Fees	
Afte	r May 1, 200	3 Fee will be \$550.00		11,			Added	to Fees	
Afte Make Check	r May 1, 200 k Payable to	OFFICERS AND (11.		Trust Fund Contribution.	Added	to Fees	
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE