

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F9910000003641
 1. Entity Name DRYclean 1-2-3, Inc (a-MO Corp.)

FILED

00 MAR 23 PM 12:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Tampa FL Mailing Address 15901 Kent Court Tampa FL 33647

2. Principal Place of Business 15901 Kent Court Suite, Apt. #, etc.
 3. Mailing Address 15901 Kent Ct Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State Tampa FL Zip 33647 Country USA
 City & State Tampa FL Zip 33647 Country USA

4. FEI Number 43-1394618 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

Dale Loomis Dennis Loomis
15901 Kent Ct
709 Billmore Industrial Drive
Fenton MO 63026 Tampa FL
33647

Name Dennis Loomis
 Street Address (P.O. Box Number is Not Acceptable) 15901 Kent Ct
 City Tampa FL Zip Code 33647

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] president 3/7/00
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering) 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 <u>Pres</u>	<input type="checkbox"/> Delete
NAME <u>Dennis R Loomis</u>	
STREET ADDRESS <u>15901 Kent Ct</u>	
CITY-ST-ZIP <u>Tampa FL 33647</u>	
TITLE <u>VP</u>	<input type="checkbox"/> Delete
NAME <u>Frances J Loomis</u>	
STREET ADDRESS <u>15901 Kent Ct</u>	
CITY-ST-ZIP <u>Tampa FL 33647</u>	
TITLE <u>Sec</u>	<input type="checkbox"/> Delete
NAME <u>Dennis Loomis</u>	
STREET ADDRESS <u>15901 Kent Ct</u>	
CITY-ST-ZIP <u>Tampa FL 33647</u>	
TITLE <u>TRCS</u>	<input type="checkbox"/> Delete
NAME <u>Dennis Loomis</u>	
STREET ADDRESS <u>15901 Kent Ct</u>	
CITY-ST-ZIP <u>Tampa FL 33647</u>	
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"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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] president
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/00 813 6151436
 Date Daytime Phone #

CR2E034 (9/99)