

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F9910000005641
 1. Entity Name
DRYclean 1-2-3, Inc (a-MO Coop.)

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.

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
Dale Loomis
15901 Kent Ct
709 Billmore Industrial Drive
Fenton MO 63026 Tampa FL
33647

7. Name and Address of New Registered Agent
 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 Dennis Loomis president DATE 3/7/00
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering)

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

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>V.P.</u>	<input type="checkbox"/> Delete
NAME <u>Francis 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 Tampa FL 33647</u>	
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	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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	

50000318845-1
 -03/23/00--01069--010
 ****150.00 ****150.00

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: Dennis Loomis president DATE 3/7/00 DAYTIME PHONE # 813 651436
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)