

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 21, 2003 8:00 am**  
**Secretary of State**

02-21-2003 90149 033 \*\*\*150.00



**DOCUMENT # K79764**

1. Entity Name  
**AIROSO CLEANERS, INC.**

Principal Place of Business  
**1335 "B" NW ST LUCIE W BLVD  
PORT ST LUCIE FL 34986  
US**

Mailing Address  
**1335 "B" NW ST LUCIE W BLVD  
PORT ST LUCIE FL 34986  
US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0175338**

Applied For  
Not Applicable

Zip Country Zip Country

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

**JOHN B BOUILLON  
1335 "B" NW ST LUCIE W BLVD  
PORT ST LUCIE FL 34986**

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

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VD	<input type="checkbox"/> Delete
NAME	BELDING, CAROLINE	
STREET ADDRESS	8027 PLANTATION LAKE DR	
CITY-ST-ZIP	PORT ST LUCIE FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BOUILLON, SHIRLEY A.	
STREET ADDRESS	8027 PLANTATION LAKES DR	
CITY-ST-ZIP	PORT ST LUCIE FL	
TITLE	PSTD	<input type="checkbox"/> Delete
NAME	BOUILLON, JOHN B	
STREET ADDRESS	8027 PLANTATION LAKES DR	
CITY-ST-ZIP	PORT ST LUCIE FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BOUILLON, JOHN B JR	
STREET ADDRESS	8027 PLANTATION LAKES DR.	
CITY-ST-ZIP	PORT ST. LUCIE FL 34986	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELDING, CAROLINE	
STREET ADDRESS	8027 PLANTATION LAKES DR.	
CITY-ST-ZIP	PORT ST. LUCIE FL 34986	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOUILLON, THOMAS	
STREET ADDRESS	8027 PLANTATION LAKES DR.	
CITY-ST-ZIP	PORT ST LUCIE FL 34986	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOUILLON, WILLIAM C.	
STREET ADDRESS	8027 PLANTATION LAKES DR	
CITY-ST-ZIP	PORT ST LUCIE FL 34986	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN B. BOUILLON SR.	
STREET ADDRESS	8027 PLANTATION LAKES DR.	
CITY-ST-ZIP	PORT ST LUCIE FL 34986	
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		

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: John B. Bouillon Sr. **JOHN B. BOUILLON SR PRES 2-18-03** 772-461-6701  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)