

2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 02, 2002 8:00 am**  
**Secretary of State**

04-02-2002 90897 049 \*\*\*150.00

0027138 AV

**DOCUMENT # L53718**  
 1. Entity Name  
**SOUTHSIDE CLEANERS, INC.**

Principal Place of Business <b>3807 SOUTHSIDE BLVD          JACKSONVILLE FL 32216          US</b>	Mailing Address <b>3807 SOUTHSIDE BLVD.          JACKSONVILLE FL 32216          US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>3742 Southside Blvd</b> Suite, Apt. #, etc.	3. Mailing Address <b>3742 Southside Blvd</b> Suite, Apt. #, etc.
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City & State <b>Jacksonville, FL</b>	City & State <b>Jacksonville, FL</b>
Zip <b>32216</b>	Zip <b>32216</b>
Country <b>US</b>	Country <b>US</b>

4. FEI Number <b>59-2994476</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  
~~**KOEGLER, STEVEN C.  
 217 PONTE VEDRA PARK DR  
 PONTE VEDRA BEACH FL 32082**~~

7. Name and Address of New Registered Agent  
 Name **Sharon Henderson RAX CO.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**50 N. Laura Street  
 Suite 3300**  
 City **Jacksonville** FL Zip Code **32202**

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.  
**Rax Co., a Florida Corporation**  
 SIGNATURE **By: Sharon R. Henderson** DATE **3/20/02**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>HARRIS, MICHAEL P.</b> <b>3807 SOUTHSIDE BLVD.</b> <b>JACKSONVILLE FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VST</b> <b>HARRIS, AMY C</b> <b>3807 SOUTHSIDE BLVD</b> <b>JACKSONVILLE FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>3742 Southside Blvd</b> <b>Jacksonville, FL 32216</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>3742 Southside Blvd</b> <b>Jacksonville, FL 32216</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Amy C Harris, Vice Pres.** Date **2/16/02** Daytime Phone # **9049928763**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)