

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2000 8:00 am
Secretary of State

03-10-2000 90013 044 ***150.00

DOCUMENT # P97000070517

1. Entity Name

EXECUTIVE DRY CLEANERS, INC.

Principal Place of Business

Mailing Address

707 HIGHWAY 98 EAST
 DESTIN FL 32541

707 HIGHWAY 98 EAST
 DESTIN FL 32541-2580

2. Principal Place of Business

3. Mailing Address

313 SAND MYRTLE TRAIL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
DESTIN, FL

4. FEI Number

59-3467631

Applied For

Not Applicable

Zip

Country

Zip

Country

32541

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DUNIVANT, MARY JANE
 707 HIGHWAY 98 EAST
 DESTIN FL 32541

7. Name and Address of New Registered Agent

Name **DUNIVANT, MARY JANE**
 Street Address (P.O. Box Number is not Applicable) **313 SAND MYRTLE TRAIL**
 City **DESTIN, FL** Zip Code **32541-3428**

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 *Mary Jane Dunivant* **MARY JANE DUNIVANT, PRESIDENT, FEB 6, 2000**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 Delete
 NAME **P DUNIVANT, MARY JANE**
 STREET ADDRESS **707 HIGHWAY 98 EAST**
 CITY-ST-ZIP **DESTIN FL 32541**

TITLE Change Addition
 NAME **P DUNIVANT, MARY JANE**
 STREET ADDRESS **313 SAND MYRTLE TRAIL**
 CITY-ST-ZIP **DESTIN, FL 32541**

TITLE Delete
 NAME **S DUNIVANT, HARRY E**
 STREET ADDRESS **707 HWY 98 E**
 CITY-ST-ZIP **DESTIN FL 32541**

TITLE Change Addition
 NAME **S DUNIVANT, HARRY E**
 STREET ADDRESS **313 SAND MYRTLE TRAIL**
 CITY-ST-ZIP **DESTIN, FL 32541**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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TITLE Change Addition
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 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: *Mary Jane Dunivant* **MARY JANE DUNIVANT FEB 6, 2000** **850 650-1605**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



DO NOT WRITE IN THIS SPACE