

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000020386

1. Entity Name

CHECK CLEANING INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90290 005 ***150.00

Principal Place of Business

2377 CHAUCER ST
 CLEARWATER FL 34625
 33765

Mailing Address

2377 CHAUCER ST
 CLEARWATER FL 33765-4204
 33765

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3494141

Applied For

Not Applicable

Zip

33765

Country

Zip

33765

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~GAWRON, MARY~~
~~10321 C US 19 N~~
~~STE 601~~
~~CLEARWATER FL 33764~~

Name **FRANTISEK PEKARCIC**

Street Address (P.O. Box Number is Not Acceptable)

2377 CHAUCER ST.

City

CLEARWATER

FL

Zip Code

33765

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

[Handwritten Signature]

FRANTISEK PEKARCIC

1/13/2000

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	P <input type="checkbox"/> Delete
NAME	PEKARCIC, FRANTISEK
STREET ADDRESS	2377 CHAUCER ST
CITY-ST-ZIP	CLEARWATER FL 33765
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"/> 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
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	
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:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FRANTISEK PEKARCIC, PRES. 1/13/2000

Date

727-791-7712

Daytime Phone #

CR2E034 (9/99)