2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

S34519 **DOCUMENT#**

BARGAIN DRY CLEANERS INC.



05-02-2003 90252 006 ***150.00

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May 02, 2003 8:00 am	ò
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Secretary of State	ļ

						No.							
Principal Place of Business 7112 S MILITARY TRAIL LAKE WORTH FL 33463			7112	Mailing Address 7112 S MILITARY TRAIL LAKE WORTH FL 33463							11011 6 161		1111 1111 1111
2. Principal F	Place of Busin	ess	3. Mail	3. Mailing Address									
Suite, Apt.	#, etc.		Suite	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES					
City & Stat	te	<u>-</u>	City	& State			4. 1	FEI Number	65-0276	954		_ _	Applied For
Zip		Country	Zip		Coun	ntry	5. (Certificate of	of Status Desi	red [8.75 Acee Requir	dditional
	6. Name	and Address of Curre	nt Registere	d Agent			7.	Name and	Address of N	ew Regist	ered Aç	jent	
EDOLEE I	1400 EV D					Name							
•	HARVEY R.	.A.16				Street Addre	ess (P.O. B	lox Number	is Not Accep	table)			
	MILITARY TR								···				
LAKE WO	RTH FL 334	163											
						City					FL	Zip Co	de
	e named entity tions of registe	y submits this statement ered agent.	for the purpo	ose of changing its	s registere	ed office or reg	gistered ag	ent, or both	, in the State	of Florida.	l am fa	miliar with	, and accept
SIGNATURE .	Signature, typed	or printed name of registered age	ent and title if appli	icable, (NO	TE: Registere	d Agent signature re	equired when re	einstating)			DATE		
		1 FEE IS \$150.00 3 Fee will be \$550.0	0.					l l	etion Campaig		ng 🖂		00 May Be
Make Check	k Payable to	Florida Department	of State										
10.	<u>.</u>	OFFICERS AN	ID DIRECTOR		11.		AD	DITIONS/C	CHANGES TO	OFFICER			
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STREET ADDRESS		CKENRIDGE CR.				ET ADDRESS							
CITY-ST-ZIP		RTH FL 33467			CITY	-ST-ZIP							
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indicatéd of the cor	on this report poration or th	e information supplied w t or supplemental report te receiver or trustee em chment with all address	t is true and a powered to g	accurate and that it execute this report	my signat t as requir	ture shall have	the same I	legal effect	as if made un	der oath; t	hat I am	i an office	r or director
SIGNAT		Mains		Megner	RED	SHARON 6	· From	e	4/28/	03			1-0040
		✓ SIGNATURE AND TYPED O	R PRINT ÉD NAM E	OF SIGNING OFFICER	OR DIRECT	OR			Date		Dayt	time Phone #	

CR2E034 (10/02)