

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 405812**

1. Entity Name

CRAFT CLEANERS AND LAUNDRY, INC.**FILED**
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90214 033 ***150.00

Principal Place of Business

**1952 N MAIN ST
GAINESVILLE FL 32609
US**

Mailing Address

**1952 N MAIN STREET
GAINESVILLE FL 32609
US**

2. Principal Place of Business

3. Mailing Address

226 E Esther St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Orlando, FL 32806

City & State

City & State

4. FEI Number **59-1576812**

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

**SCHOLTENS, JOHN G
1952 N MAIN STREET
GAINESVILLE FL 32609**

Name

JOHN G SCHOLTENS II

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

226 E Esther St

City

ORLANDO**FL**

Zip Code

32806

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

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, 2001 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	PD	<input type="checkbox"/> Delete
NAME	SCHOLTENS, JOHN G, II	
STREET ADDRESS	1952 N MAIN ST	
CITY-ST-ZIP	GAINESVILLE FL 32609	
TITLE	VPT	<input checked="" type="checkbox"/> Delete
NAME	SCHOLTENS, JOHN G	
STREET ADDRESS	1952 N MAIN ST	
CITY-ST-ZIP	GAINESVILLE FL 32609	
TITLE	S	<input type="checkbox"/> Delete
NAME	DUPUIS, JOY	
STREET ADDRESS	715 W 50TH ST	
CITY-ST-ZIP	HIALEAH FL	
TITLE		<input type="checkbox"/> Delete
NAME	LINDA ROGERS	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	226 E Esther St	
CITY-ST-ZIP	Orlando, FL 32806	
TITLE		<input checked="" 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		
TITLE	VPT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LINDA ROGERS	
STREET ADDRESS	226 E Esther St	
CITY-ST-ZIP	Orlando FL 32806	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)