

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2000 8:00 am
Secretary of State
 09-12-2000 90149 013 ***550.00

DOCUMENT # 442833

1. Entity Name
 Boulevard Enterprises Inc
 DBA Crane's One Hour Cleaners ✓
 411 NE 23rd Ave
 Gainesville, FL 32609
 Principal Place of Business Mailing Address
 Boulevard Enterprises, Inc.
 DBA Crane's One Hour Cleaners Gainesville, FL 32609

2. Principal Place of Business
 Crane's One Hour Cleaners
 Suite, Apt. #, etc.
 City & State
 Gainesville, FL
 Zip
 32609
 Country
 Alachua

3. Mailing Address
 411 NE 23rd Ave
 Suite, Apt. #, etc.
 City & State
 Gainesville, FL
 Zip
 32609
 Country
 Alachua

DO NOT WRITE IN THIS SPACE

4. FEI Number
 59-1638655
 Applied For
 Not Applicable
 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 Jerry Amburgey
 2316 N.W. 13th Place
 Gainesville, FL 32605

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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 _____ DATE _____
 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, 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

TITLE	President	☐ Delete
NAME	Jerry Amburgey	
STREET ADDRESS	2316 N.W. 13th Pl	
CITY-ST-ZIP	Gainesville, FL 32605	
TITLE	V. Pres.	☐ Delete
NAME	Tarod Amburgey	
STREET ADDRESS	1923 NW 23rd Ave Apt 105	
CITY-ST-ZIP	Gainesville, FL 32605	
TITLE	Sec	☐ Delete
NAME	EVALEA Amburgey	
STREET ADDRESS	2316 N.W. 13th Place	
CITY-ST-ZIP	Gainesville, FL 32605	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ 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: EVALEA Amburgey 9/6/00 (352)376-0156
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)