

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 16, 2002 8:00 am**  
**Secretary of State**

07-16-2002 90351 039 \*\*\*558.75

**DOCUMENT # 538180**  
**1. Entity Name**  
**DRYCLEAN U.S.A. FRANCHISE COMPANY**

**Principal Place of Business**  
**7771 W OAKLAND BLVD**  
**STE 201**  
**SUNRISE FL 33351**  
**US**

**Mailing Address**  
**C/O DRYCLEAN USA MGMT INC.**  
**14500 NORTHSIGHT STE 216**  
**SCOTTSDALE AZ 85260**  
**US**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number**  
**59-1774337**

Applied For  
 Not Applicable

**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**

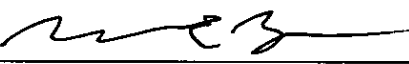
**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

**Name**  
**Lexis Document Services Inc.**

**Street Address (P.O. Box Number is Not Acceptable)**  
**3953 W.W. Kelley Road**

**City** **Tallahassee** **FL** **Zip Code** **32311**

**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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **D** ☒ Delete  
**NAME** **BARRY, JAMES P**  
**STREET ADDRESS** **51 WEST 135TH STREET**  
**CITY-ST-ZIP** **KANSAS CITY MO**

**TITLE** **Director and Chief Exec.Ofc.** ☐ Change ☒ Addition  
**NAME** **Richard K. Queen**  
**STREET ADDRESS** **14500 N. Northsight Blvd., Suite 216**  
**CITY-ST-ZIP** **Scottsdale, AZ 85260**

**TITLE** **T** ☒ Delete  
**NAME** **VADOVICKY, PAUL J**  
**STREET ADDRESS** **1875 W COMMERCIAL BLVD, #140**  
**CITY-ST-ZIP** **FT LAUDERDALE FL**

**TITLE** **Director and Secretary** ☐ Change ☒ Addition  
**NAME** **William E. Zisko, Esq.**  
**STREET ADDRESS** **200 Page Mill Road**  
**CITY-ST-ZIP** **Palo Alto, CA 94306**

**TITLE** **PD** ☒ Delete  
**NAME** **RODRIGUEZ, EDDIE J**  
**STREET ADDRESS** **51 W. 135TH**  
**CITY-ST-ZIP** **KANSAS CITY MO 64145**

**TITLE** **Director and Chief Fin. Ofc.** ☐ Change ☒ Addition  
**NAME** **David Erickson**  
**STREET ADDRESS** **14500 N. Northsight Blvd., Suite 216**  
**CITY-ST-ZIP** **Scottsdale, AZ 85260**

**TITLE** **S** ☒ Delete  
**NAME** **CAVITT, BRUCE E**  
**STREET ADDRESS** **1875 W COMMERCIAL BLVD, #140**  
**CITY-ST-ZIP** **FT LAUDERDALE FL**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** **D** ☒ Delete  
**NAME** **DELIA, PHILIP A**  
**STREET ADDRESS** **51 W. 135TH**  
**CITY-ST-ZIP** **KANSAS CITY MO 64145**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**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:**  **William E. Zisko, Secretary** **7/3/02** **(650) 325-8666**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)



TOMLINSON  
Z I S K O  
MOROSOLI  
& MASER LLP  
ATTORNEYS

Jane B. Phelan  
(650) 330-4142  
E-mail: jbp@tzmm.com

*Attachments*

*# 538180*

July 11, 2002

*120572*

Florida Department of State  
Division of Corporations  
Uniform Business Report  
Post Office Box 1500  
Tallahassee, FL 32302-1500

Re: DryClean U.S.A. Franchise Company - Document #538180

Ladies and Gentlemen:

Enclosed please find the 2002 Uniform Business Report for the above-referenced entity. Also enclosed is our check in the amount of \$558.75 to cover the filing fee (\$150), the late fee (\$400) and the fee to receive a Certificate of Status (\$8.75).

Please send the Certificate of Status to my attention at the address shown at the bottom of this page. Thank you.

Very truly yours,

Jane B. Phelan  
Senior Corporate Paralegal

Enclosures