## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # 625278

1. Entity Name

BROOKSVILLE CLEANERS, INC.



FILED May 05, 2003 8:00 am Secretary of State

05-05-2003 90726 001 \*\*\*150.00

		GOD WE	I I		
Principal Place of Business 104 SOUTH MAIN STREET BROOKSVILLE FL 34601	Mailing Address 104 SOUTH MAIN STREET BROOKSVILLE FL 34601				
2. Principal Place of Business	3. Mailing Address			/ BIBIN SIBIN BIBIN BIBIN BIBIN BIBIN 1884	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES		
City & State	City & State		4. FEI Number 59-1916944	Applied For	
			00 10 100 17	Not Applicable	
. Zip Country	Zip	Country	5. Certificate of Status Desired	<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent			
BLACK, EDMOND W 13311 GOV'T RD		Name Street Ad	Name Street Address (P.O. Box Number is Not Acceptable)		
104 S MAIN ST					

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. I am familiar with, and accept the obligations of registered agent.

11.

(NOTE: Registered Agent signature required when reinstating)

SIGNATURE -	
"Signature, typed or printed name of registered agent and title if app	licable.
FILE NOW!!! FEE IS \$150.00	
After May 1, 2003 Fee will be \$550.00	
Make Check Pavable to Florida Department of State	

OFFICERS AND DIRECTORS

BROOKSVILLE FL 34601

10.

NAME STREET ADDRESS

NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be Added to Fees

Zip Code

FL

DATE

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition TITLE ☐ Delete TITLE BLACK, RUTH ANN NAME NAME 13311 GOV'T RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BROOKSVILLE FL** CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition BLACK, EDMOND W. NAME NAME 13311 GOV'T RD. STREET ADDRESS STREET ADDRESS **BROOKSVILLE FL** CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition

12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. If 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

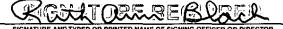
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

NAME STREET ADDRESS

SIGNATURE:



☐ Delete

4-30 -03

796-242.

☐ Change

☐ Addition

Daytime Ph