TAMPA FL 33807       TAMPA FL 33807-1002       L110 3 D 7 3 D         US       Side, Apt. #, etc.       Suide, Apt. #, etc.       Do NOT WRITE IN THIS SPACE         City & State       City & State       4. FEI Number 59-2032053       Applied for Fei Regulated         Zip       Country       Zip       Scattered Agent       7. Name and Address of Current Registered Agent       7. Name and Address of Status Desired       \$8.75 Additional         GlORDANO, JILL H       S06 EAST JACKSON STREET       Name       Street Address (PO. Box Number is Not Acceptable)       Street Address (PO. Box Number is Not Acceptable)         6. The above named entity submits this statement for the purpose of changing its registered agent. or both, in the State of Florida.       Street Address (PO. Box Number is Not Acceptable)         8. The above named entity submits this statement for the purpose of changing its registered agent. or both, in the State of Florida.       Inter State of States To OFFICERS AND DIRECTORS         10. Execution Campaign Financing       OFFICERS AND DIRECTORS       12. Address TO OFFICERS AND DIRECTORS NIT         11.       OFFICERS AND DIRECTORS       12. Address TO OFFICERS AND DIRECTORS NIT         11.       DAVIS, FRANK       StRET ADDRSS       Address TO OFFICERS AND DIRECTORS NIT         11.       DFT       OFFICERS AND DIRECTORS       12. Address TO OFFICERS AND DIRECTORS NIT         11.       DAVIS, FRANK	2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # 679885 1. Entity Name CRISPY CLEANERS, INC.					FILED Mar 14, 2000 8:00 an Secretary of State 03-14-2000 90040 043 ***150.00		
Name     Image: Figure 1     Number 1     State     Ltfl J 50 / D 0       2. Principal Place of Business     3. Mailing Address     Do Not Watte IN Thild SPACE       Suite. Apt. #, etc.     Suite. Apt. #, etc.     Do Not Watte IN Thild SPACE       City & State     City & State     4. Fell Number 59-2032053     Applied Fig.       Zip     Country     Zip     Country     State     9. Control       6. Name and Address of Current Registered Agent     7. Name and Address of New Registered Agent     7. Name and Address of New Registered Agent       6. Name and Address of Current Registered Agent     7. Name and Address of New Registered Agent     7. Name and Address of New Registered Agent       6. Name and Address of Current Registered Agent     7. Name and Address of New Registered Agent     7. Name and Address of New Registered Agent       6. The above named entry submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.     State Address (P.O. Box Number is Not Acceptable)       8. The above named entry submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.     State Address of New Registered A	Principal Place of Business Mailing Address					1		
Suite. Apt. #, etc.       DO NOT WRITE IN THIS SPACE         City & State       City & State         Zip       Country         Suite. Apt. #, etc.       Country         Suite. Apt. #, etc.       Country         Suite. Apt. #, etc.       Chy & State         Zip       Country         Suite. Apt. #, etc.       Suite. Apt. #, etc.         City & State       4. FEF Number         6. Name and Address of Current Registered Agent       7. Name and Address of New Registered Agent         6. Name and Address of Current Registered Agent       7. Name and Address of New Registered Agent         Suite. Apt. #, etc.       Name         GiORDANO, JILL H 806 EAST JACKSON STREET TAMPA FL 33602       Name         B. 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       City         SIGNATURE       City Codet         9. This corporation is eligible to satisfy its Intangible Tax ling requerement and elects to do ac.       Atter MAY 1, 2000 Fee will be \$550.00 Mater Charles 1000 Carreits and elects to do ac.         9. This corporation is eligible to satisfy its Intangible Tax ing requerement and elects to do ac.       The MAY 1, 2000 Fee will be \$550.00 Mater Charles 1000 Carreits AND DIRECTORS         11.       OFFICERS AND DIRECTORS       12.	4036 N. ARMENIA TAMPA FL 33607 US		TAMPA FL 33607-1002				-	
City & State       City & State       4. FEI Number       59-2032053       Applied Fo         Zip       Country       Zip       Country       S. Certificate of Status Desired       FeB Required         6. Name and Address of Current Registered Agent       7. Name and Address of New Registered Agent       7. Name and Address of New Registered Agent         6. Name and Address of Current Registered Agent       7. Name and Address of New Registered Agent       7. Name and Address of New Registered Agent         GiORDANO, JILL H soG EAST JACKSON STREET TAMPA FL 33602       Name       Street Address (P.O. Box Number is Not Acceptable)         Gity       FL       Zip Code!       Street Address (P.O. Box Number is Not Acceptable)         B. The above named entity submits this statement for the purpose of changing lis registered office or registered agent, or both, in the State of Florida.       Street Address (P.O. Box Number is Not Acceptable)         B. The above named entity submits this statement for the purpose of changing lis registered office or registered agent, or both, in the State of Florida.       Store of the state of Florida.         Store Address (P.O. Box Number is Not Acceptable)       Matter MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State       10. Election Campaign Financing Truet Fund Contribution.       \$5.00May E         11.       OFF/CERS AND DIPECTORS       12.       ADDIFIONS/CHANGES TO OFFICERS AND DIPECTORS IN 11         11.       OFF/CERS AN	2. Principal Place of Business		3. Mailing Address					
Zip     Country     Zip     Country     St. Certificate of Status Desired     St. 75 Additional Required       6. Name and Address of Current Registered Agent     7. Name and Address of New Registered Agent     7. Name and Address of New Registered Agent     7       6. Name and Address of New Registered Agent     7. Name and Address of New Registered Agent     7       6. Name and Address of New Registered Agent     7     Name       6. The above named entity submits this statement for the purpose of changing its registered office or registered agent. or both, in the State of Fluid     7       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 Fluid     2       9. This corporation is eligible to satisfy its Intangible Tax Illing requirement and excits to do so. (See criteria on back)     0       9. This corporation is eligible to satisfy its Intangible Tax Illing requirement and excits to do so. (See criteria on back)     0       11.     OFFICERS AND DIRECTORS     12       12.     ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS in TILL Make Check Payable to Department of State     10       12.     ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS in TILL Make Check Payable to Department of State     10       13.     OFFICERS AND DIRECTORS     12       14.     OFFICERS AND DIRECTORS     11       15.     OUNS, REET ADDRES     11       12.     ADDITIONS/CHANG	Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE	IN THIS SPACE
	City & State		City & State			4. FE/ Number 59-2032053 Applied For Not Applicable		
	Zip	Country	Zip	Country	,	5. Certifica	ate of Status Desired	
GIORDANO, JILL H 806 EAST JACKSON STREET TAMPA FL 33602       Street Address (P.O. Box Number is Not Acceptable)         City       FL       Zip Code(         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       Signature, liped or prived rame of registered agent and their applicable.       INOTE Registered Agent dignature registered agent, or both, in the State of Florida.         9. This corporation is eligible to satisfy its intangible Tax fling 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 E         11       OFFICERS AND DIRECTORS       12.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11         11       OFFICERS AND DIRECTORS       12.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11         1102       DAVIS, FRANK       Index       Intel       Ortange       Add         111       OFFICERS AND DIRECTORS       12.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11       Intel       Intel       Intel       Add         112       DAVIS, FRANK       Intel       Intel       Intel       Intel       Add       Intel       Add		6. Name and Address of Current Re	egistered Agent			7. Name a	nd Address of New Reg	
Boole EAST JACKSON STREET TAMPA FL 33602       City       City       City       City       FL       Zip Code!       Stratement for the purpose of changing its registered agent, or both, in the State of Florida.       Signature, typed or preted name of registered agent and ide if applicable.       INIS corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)       INIS corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)       INIS corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)       INIS corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)       INIS corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)       INIS corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)       INIS corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)       INIS corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)       INIS corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on b	<u></u>		ruanan tinanan kun		Name		-	يتقوم مريد
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     Image: Code of the purpose of changing its registered agent, or both, in the State of Florida.       SIGNATURE     Signature, typed or pured name of registered agent and site if applicable.     (NOTE: Registered Agent algonate registered agent, or both, in the State of Florida.     DATE       9. This comporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)     Image: Code of the partment of State     10. Election Campaign Financing Trust Fund Contribution.     \$\$5.000 May E Added to Fees       11.     OFFICERS AND DIRECTORS     12.     ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11     Change   Adde to Fees       11.     OFFICERS AND DIRECTORS     12.     ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11       TITLE     Davis, FRANK     Delete     MME       NAME     ID22 MELROSE     SIREF ADDRESS     ITLE       CITY-ST-2IP     Delete     TILE     NAME       NAME     Delete     TILE     Orterses       SIREFL ADDRESS     CITY-ST-2IP     CITY-ST-2IP     Change   Add       NAME     STREET ADDRESS     CITY-ST-2IP     Change   Add       NAME     STREET ADDRESS     CITY-ST-2IP     Change   Add       NAME     STREET	806 EAST JACKSON STREET				Street Address (P.O. Box Number is Not Acceptable)			
SIGNATURE       DATE         Signature, typed or printed name of registered agent and life if applicable.       (NOTE: Registered Agent signature registered when refinitating)       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, 2000 Fee will be \$550.00 Make Check Payable to Department of State       10. Election Campaign Financing Trust Fund Contribution.       \$50.00 May E         11.       OFFICERS AND DIRECTORS       12.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11         TITLE       DPT       Intle       Intle       Change       Added to Feese         10.       Election Campaign Financing Trust Fund Contribution.       \$50.00 May E       Added to Feese         11.       OFFICERS AND DIRECTORS       12.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11         TITLE       Davis, FRANK       Intle       Intle       Change       Added to Feese         11.       OFFICERS AND DIRECTORS       Intle       Intle       Intle       Change       Add         11.       OFFICERS AND DIRECTORS       Intle       Intle       Intle       Change       Add         11.       DVS       StepEr Address       Intle       Intle       Intle       Intle	17 404			-	City			FL Zip Codet
Signature, typed or printed name of regulatered agent and title if applicable.       (NOTE: Regulatered Agent signature reduited Whan 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, 2000 Fee will be \$550.00 Make Check Payable to Department of State       10. Election Campaign Financing Trust Fund Contribution.       \$5.00 (May E Added to Fees Added to Fees Trust Fund Contribution.       \$600 (May E Added to Fees Added to Fees Trust Fund Contribution.       \$600 (May E Added to Fees Added to Fees Trust Fund Contribution.       \$600 (May E Added to Fees Added to Fees Trust Fund Contribution.       \$600 (May E Added to Fees Added to Fees Trust Fund Contribution.       \$600 (May E Added to Fees Trust Fund Contribution.       \$600 (Fee Will Be Stop (Contribution).       \$6		named entity submits this statement for the	he purpose of changing its	registered	office or registe	ered agent, or l	both, in the State of Floric	ia.
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