

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A95000001510

1. Entity Name

COACHMAN PLAZA CLEANERS, LTD.

Principal Place of Business

14969 N. FLORIDA AVENUE
TAMPA FL 33612

Mailing Address

C/O J. BOB HUMPHRIES // FOWLER, WHITE
501 EAST KENNEDY BLVD., SUITE 1700
TAMPA FL 33602-5239

FILED

00 MAR 27 PM 8:44

SECRETARY OF STATE



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

59-3338902

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HUMPHRIES, J. BOB ESQUIRE
C/O FOWLER, WHITE, GILLEN, ET AL
501 EAST KENNEDY BLVD., SUITE 1700
TAMPA FL 33602

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$99.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT # P95000077114
NAME COACHMAN PLAZA CLEANERS, INC.
STREET ADDRESS 14969 N. FLORIDA AVE.
CITY - ST - ZIP TAMPA FL 33612

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

300003183819--7

03/24/00 01112 001

****458.75 ****141.25

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

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STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE. SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/13/00

(813) 222-1173

Date

Daytime Phone #

J. Bob Humphries, Assistant Secretary

CR2E003 (9/99)