

2002 UNIFORM BUSINESS REPORT (UBR)

0004234 AV

DOCUMENT # A95000001510

1. Entity Name

COACHMAN PLAZA CLEANERS, LTD.

FILED
02 MAY 10 AM 8:45
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2002

4. FEI Number

59-3338902

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CODY W. WATERS, ESQ.
FOWLER, WHITE
501 EAST KENNEDY BLVD., SUITE 1700
TAMPA FL 33602

7. Name and Address of New Registered Agent

Name
FOWLER WHITE BOGGS BANKER, P.A.
Street Address (P.O. Box Number is Not Acceptable)
c/o HUNTER J. BROWNEE, ESQUIRE
501 E. KENNEDY BLVD., SUITE 1700
City
TAMPA FL Zip Code
33602

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]* Authorized Agent for Fowler White Boggs Banker 4-12-02
Signature, typed or printed name of registered agent and title if applicable. 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

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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*****150.00 *****150.00

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
H. McNatt

4-30-02

813-237-8861

Date

Daytime Phone #

CR2E003 (9/01)