LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT

B99000000217

DOCUMENT # B99000000217

1. Entity Name
SUPERIOR FABRIC CARE #10, LTD

FILED
02 JUN -5 AM 9:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1975-5 WELLS RD	1975-5 WELLS RD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
ORANGE PARK, FL	ORANGE PARK, FL
Zip 32073 Country USA	Zip 32073 Country USA

DUE BY MAY 1

4. FEI Number 75-2822452 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name JOE WHEELER

Street Address (P.O. Box Number is Not Acceptable) 10901 BURNT MILL RD #1004

City JACKSONVILLE **FL** Zip Code 32256

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 Robert L Griffin ROBERT L. GRIFFIN 4-28-02
Signature, typed or printed name of registered agent and title if applicable. DATE

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
69,000	~~$95,000~~ 69,000	

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 #	F99000002882
NAME	SUPERIOR FABRIC CARE II, INC.
STREET ADDRESS	1975-5 WELLS RD
CITY-ST-ZIP	ORANGE PARK, FL 32073
DOCUMENT #	
NAME	
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STREET ADDRESS	
CITY-ST-ZIP	800005723268--4 -06/10/02--01081--013 ****526.25 ****526.25
STREET ADDRESS	BK
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	**DO NOT WRITE IN THIS SPACE**
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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: Robert L Griffin ROBERT L. GRIFFIN 4/28/02 904 523 8622
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #