

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90175 006 \*\*\*150.00

DOCUMENT # **F-46946**  
1. Entity Name **NO-WAY CLEANERS INC.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business **281 ROCK SPRINGS DR** Suite, Apt. #, etc.  
3. Mailing Address **SAME** Suite, Apt. #, etc.  
City & State **KISSIMMEE** City & State  
Zip **34759** Country **FL** Zip Country

DO NOT WRITE IN THIS SPACE  
4. FEI Number **59-2126936** 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 **RONALD J. SMITH**  
Street Address (P.O. Box Number is Not Acceptable) **281 ROCK SPRINGS DR.**  
City **KISSIMMEE** FL Zip Code **34759**

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 **Ronald J. Smith** DATE **4/22/02**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)   
**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**Make Check Payable to Department of State**  
10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT RONALD J. SMITH 281 ROCK SPRINGS KISSIMMEE FL 34759</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY JOYCE M. SMITH 281 ROCK SPRINGS DR KISSIMMEE FL 34759</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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13. 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 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: **Ronald J. Smith Pres.** Date **4/22/02** Daytime Phone # **863-427-3464**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)