

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

FILED
Jun 04, 2004 8:00 am
Secretary of State

06-04-2004 90005 005 ***150.00

DOCUMENT # 46946

1. Entity Name NUWAY CLEANERS INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 500 HERON POINTWAY **3. Mailing Address** 500 HERON PT. WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State DELAND FL

City & State DELAND FL

4. FEI Number 59-2126936

Applied For
Not Applicable

Zip 32724 **Country** USA

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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)

500 HERON POINTWAY

City DELAND **FL** **Zip Code** 32724

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 Joyce M Smith

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

(NOTE: Registered Agent signature required when reinstating)

DATE

6/1/04

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. PRESIDENT OFFICERS AND DIRECTORS

TITLE PRESIDENT
NAME RONALD J. SMITH
STREET ADDRESS 500 HERON PT. WAY
CITY-ST-ZIP DELAND FL 32724

TITLE VICE PRESIDENT-SECRETARY
NAME JOYCE M SMITH
STREET ADDRESS 500 HERON POINTWAY
CITY-ST-ZIP DELAND FL 32724

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*This check & form come back to me in the mail as I have chgd. address twice Please note new address -
Joyce Smith*

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: Joyce M Smith Ronald J Smith