DOCUMENT # F82002  1. Entity Name BAY AREA CLEANERS, INC.					FILED Jan 09, 2001 8:00 at Secretary of State		
Principal Place of Business 6029 TAMPA PALMS BLVD WEST		Mailing Address 16029 TAMPA PALMS BLVD., WEST			01-09-2001 90004 012 ***150.00		
'AMPA FL 336	47-2555	TAMPA FL 33647-2555					
2. Principal Place of Business		3. Mailing Address			- I ARTHOR HER KURK HARR BELLE B		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
City & State		City & State		4. FEI	Number <b>59-2190194</b>	Applied For Not Applicable	
_ Zip	Country.,	Zip _	Country _	• <b>5.</b> Cer	tificate of Status Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Current	Registered Agent	<u> </u>	7. Nan	ne and Address of New Registered	<u> </u>	
BERGER, ERNEST J.			Name				
5803	3 AINSWORTH CT		Street Ad	dress (P.O. Box	Number is Not Acceptable)		
	29 Tampa Palms BLVD. W. IPA FL 33647			-		- I = 4. ·	
					F	Zip Code	
SIGNATURE	e named entity submits this statement for signature, typed or printed name of registered agent a		TE: Registered Agent signatur				
			!!! FEE IS \$150.0 001 Fee will be \$5 ble to Department	50.00	10. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
11.	OFFICERS AND		12.	ADDI*	TIONS/CHANGES TO OFFICERS AN		
TITLE NAME	VPT Berger, Linda J.	☐ Delete	TITLE NAME			Change Addition	
STREET ADDRESS CITY-ST-ZIP	5803 AINSWORTH CT. TAMPA FL		STREET ADDRESS CITY-ST-ZIP				
TITLE NAME	PS BERGER, ERNEST J	☐ Delete	TITLE NAME			☐ Change ☐ Addition	
STREET ADDRESS CITY-ST-ZIP		,	STREET ADDRESS CITY-ST-ZIP				
TITLE	16300 /5 / 5	☐ Delete	TITLE			☐ Change ☐ Addition	
NAME Street address			NAME STREET ADDRESS				
CITY-ST-ZIP	<i>I</i>	Поль	CITY-ST-ZIP			☐ Change ☐ Addition	
TITLE NAME		☐ Delete	TITLE NAME	•		C Straings C Addution	
	1		STREET ADDRESS CITY-ST-ZIP				
STREET ADDRESS CITY-ST-ZIP	ł					☐ Change ☐ Addition	
CITY-ST-ZIP TITLE		☐ Delete	TITLE				
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CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  13. I hereby a indicated of the cor	certify that the information supplied with I on this report or supplemental report is poration or the receiver or trustee empo or on an attachment with an address, w	Delete  this filling does not qualify true and accurate and that wered to execute this report	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP or the exemption state my signature shall hat as required by Chap	ve the same lega	al effect as if made under oath; that	ertify that the information	
CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  13. I hereby a indicated of the cor	on this report or supplemental report is rporation or the receiver or trustee empo, or on an attachment with an address, w	this filling does not qualify to true and accurate and that wered to execute this reportith all other like empowered	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP or the exemption state my signature shall hat as required by Chap	ve the same legater 607, Florida	al effect as if made under oath; that Statutes; and that my name appears	ertify that the information	