2002

DOCUMENT#

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

H09419

FILED
Apr 23, 2002 8:00 am
Secretary of State

Zip 33919 Country U.S.A. Zip 33904 U.S.A. T. Name and Address of Current Registered Agent Name AGRANOVE—BENNET— Street Address (P.O. Box Number is Not Acceptable) Name 4723 DEL PRADO BLVD		04-23-2002 90425 004 ***150.00		y de Nobel	<i>)</i>		CLEANERS INC		1. Entity Nan	
9131-5 College Parkway Suite, Apt. #, etc. City & State City & State Cape Coral FI 33904 Zip 33919 Country 33904 Country 33904 Country 4. FEI Number 59-2420567 Not Applied For Not Applical Country Lip Country Jip Country Jip Country Jip Country Jip Country Jip Country Jip AGRANOVE, BENNETT Street Address (P.O. Box Number is Not Acceptable) Name AGRANOVE, BENNETT Street Address (P.O. Box Number is Not Acceptable)		636948		DO NOT WRITE IN THIS SPACE						
Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State Cape Coral FL 33904 Zip 33919 Country 33919 Country U.S.A. Country Name AGRANOVE-, BENNETT AGRANOVE-, BENNETT Street Address (P.O. Box Number is Not Acceptable) Name A723 DEL PRADO BLVD				4723 Del Prado Blvd			arkwav	9131-5 College Parkway		
Ft. Myers FL 33919 Cape Coral FL 33904 59-2420567 Not Applica Zip Country U.S.A. 33904 U.S.A. 5. Certificate of Status Desired Status Desired Name AGRANOVE, BENNETT Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE 4723 DEL PRADO BLVD		DO NOT WRITE IN THIS SPACE								
Zip 33919 Country U.S.A. To Name and Address of Current Registered Agent Name AGRANOVE-, BENNETT Street Address (P.O. Box Number is Not Acceptable) INTHIS SPACE Street Address (P.O. Box Number is Not Acceptable) 4723 DEL PRADO BLVD	_	<u></u>	4. FE	904	FI 33					
DO NOT WRITE IN THIS SPACE Name AGRANOVE-, BENNETT- Street Address (P.O. Box Number is Not Acceptable) 4723 DEL PRADO BLVD		Fee Required		ntry	Cour	Zip			Zip 33919	
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4723 DEL PRADO BLVD	-					RITE	NOT WE	DO		
CAPE CUKAL 33904		PEL PRADO BLVD				CE	THIS SPA	IN		
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.			r registered ager	ed office o	ing its register	ne purpose of chan	omits this statement for t	named entity sub	8. The above	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	ļ	n reinstating) DATE	ure required when reins	ed Agent signati	(NOTE: Registere	title if applicable.	ited name of registered agent and	Signature, typed or prin	SIGNATURE .	
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 January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$150.00 Trust Fund Contribution. Trust Fund Contribution.	,			is \$550.00 is \$61.25	r May 1, Fee I ended UBR i	Afte An	lects to do so.	requirement and e	Tax filing r	
11. OFFICERS AND DIRECTORS	〓.					I	OFFICERS AND DI	1		
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CAPE CORAL FI. 33904				-ST-ZIP	CITY					
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CITY-SI-ZIP 1938 SE 37TH TERR. CITY-SI-ZIP				-ST-ZIP	CITY					
TITLE CAPE CORAL FL 33904							L FL 33904	CAPE CURP	111111	
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CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP 13. I bereby certify that the information symplicity with this filling does not qualify for the everyption stated in Section 119 07/3/(i). Florida Statutos, Lifether continues the information				E Et address	TITLE NAME STREE				NAME STREET ADDRESS	

relief of the corporation or the receiver of firster 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 of firster and officer or an an attachment with an address with all try like impowered 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 try like impowered.

SIGNATURE: 1

ELL'ETBENNETT AGRANOVE OR BRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/10/02 Date