

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-23-2002 90425 004 ***150.00

DOCUMENT # H09419

1. Entity Name

CARRIAGE CLASS CLEANERS INC.

DO NOT WRITE IN THIS SPACE

636948

2. Principal Place of Business

9131-5 College Parkway

3. Mailing Address

4723 Del Prado Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ft. Myers FL 33919

City & State

Cape Coral FL 33904

Zip

33919

Country

U.S.A.

Zip

33904

Country

U.S.A.

4. FEI Number

59-2420567

Applied For

Not Applicable

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

7. Name and Address of Current Registered Agent

Name

~~AGRANOVE, BENNETT~~

Street Address (P.O. Box Number is Not Acceptable)

4723 DEL PRADO BLVD

City

CAPE CORAL

FL

Zip Code
33904DO NOT WRITE
IN THIS SPACE

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

PST

AGRANOVE, BENNETT

1938 SE 37TH TERR.

CAPE CORAL FL 33904

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D

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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 power like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BENNETT BENNETT AGRANOVE

04/10/02

Date

239-542-2024

Daytime Phone #

CR2E034B (12/01)