

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 07, 2000 8:00 am
Secretary of State

07-07-2000 90460 012 ***550.00

00068608

DO NOT WRITE IN THIS SPACE

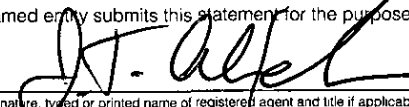
DOCUMENT # 1746418 ✓
1. Entity Name
 Majestic-Ideal Dry Cleaners & Laundry, Inc.
Principal Place of Business
 1717 W. Hillsborough Ave
 P.O.B. 272088
 Tampa FL 33688 US
Mailing Address
 1717 W. Hillsborough Ave.
 P.O.B. 272088
 Tampa FL 33688 US

2. Principal Place of Business
 1717 W. Hillsborough
 Suite, Apt. #, etc.
City & State
 Tampa FL
Zip 33603 **Country** USA
3. Mailing Address
 6210 North Florida Ave
 Suite, Apt. #, etc.
City & State
 Tampa FL
Zip 33604 **Country** U.S.A.

4. FEI Number 59-2499615 **Applied For**
 Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 Dreir, Keith A.
 1717 W. Hillsborough Ave.
 Tampa, FL 33603

7. Name and Address of New Registered Agent
Name Alexander, Jeffrey T.
Street Address (P.O. Box Number is Not Acceptable)
 1717 W. Hillsborough Ave.
City Tampa **FL** **Zip Code** 33603

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  Jeffrey T. Alexander **DATE** 6/1/00
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)
FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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	PD	<input checked="" type="checkbox"/> Delete
NAME	Dreir, Keith A.	
STREET ADDRESS	1717 W. Hillsborough Ave.	
CITY-ST-ZIP	Tampa, FL 33603	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Alexander, Jeffrey T.	
STREET ADDRESS	1717 W. Hillsborough Ave.	
CITY-ST-ZIP	Tampa, FL 33603	
TITLE	V.P. D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	McNATT, Henry Jr.	
STREET ADDRESS	601 Waterwood	
CITY-ST-ZIP	LV+2, FL 33549	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  Jeffrey T. Alexander **DATE** 6/1/00 **Daytime Phone #** 870-3331 (813)

CR2E034 (9/99)