FILED

## 2001 UNIFORM BUSINESS REPORT (UBR)

## Jan 30, 2001 8:00 am **DOCUMENT # H97127 Secretary of State** 1. Entity Name PONTE VEDRA CUSTOM CLEANERS, INC. 01-30-2001 90141 021 \*\*\*150.00 Principal Place of Business Mailing Address % KAY L. TYSON % KAY L. TYSON Ann14629 152 HWY A1A 152 HWY A1A PONTE VEDRA BEACH FL 32082 PONTE VEDRA BEACH FL 32082 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2629325 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TYSON, KAY L Street Address (P.O. Box Number is Not Acceptable) 152 HWY A1A PONTE VEDRA BEACH FL 32082 Zip Code City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) , Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. DΡ Change ☐ Addition TITLE ☐ Delete TITLE TYSON, KAY NAME NAME STREET ADDRESS 152 HWY A1A STREET ADDRESS CITY-ST-ZIP PONTE VEDRA BCH FL CITY-ST-ZIP ☐ Delete TITLE ☐☐ Change ☐ Addition TYSON, BILLY NAME NAME 152 HIGHWAY A1A STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PNTE VEDRA BEACH FL ☐ Delete TITLE TITLE Change Addition-NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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.

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

Date

Douting Phone #