2002 Uniform Business Report (UBR)

Apr 10, 2002 8:00 am Secretary of State DOCUMENT # J69091 1. Entity Name 04-10-2002 90756 014 ***150.00 CASSELTON CLEANERS, INC. Principal Place of Business Mailing Address 2054 SEMORAN BLVD #132 2054 SEMORAN BLVD #132 DUUUWVUI WINTER PARK FL 32792 WINTER PARK FL 32792 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-2800234 Not Applicable Zip Country 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 Name RATHOD, JEKISANDAS H. Street Address (P.O. Box Number is Not Acceptable) 9458 CANNON DRIVE ORLANDO FL 32817 Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME RATHOD, JEKISANDAS NAME 2054 SEMORAN BLV #132 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP WINTER PARK FL ☐ Addition TITLE Change TITLE STD ☐ Delete NAME NAME RATHOD, ANIL STREET ADDRESS STREET ADDRESS 2054 SEMORAN BLVD #132 CITY-ST-ZIP CITY-ST-ZIP WINTER PARK 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 Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

FILED