

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 29, 2001 8:00 am**  
**Secretary of State**

01-29-2001 90081 039 \*\*\*150.00

**DOCUMENT # K57253**

1. Entity Name  
**TENDER TOUCH DRY CLEANERS AND LAUNDRY OF WINTER**

**C0011161**



DO NOT WRITE IN THIS SPACE

|  |  |
|--|--|
| Principal Place of Business<br>1515 NW 1ST ST<br>WINTER HAVEN FL 33881 | Mailing Address<br>1515 NW 1ST ST<br>WINTER HAVEN FL 33881 |
|--|--|

|   |   |
|---|---|
| 2. Principal Place of Business<br>Suite, Apt. #, etc. | 3. Mailing Address<br>Suite, Apt. #, etc. |
|---|---|

|              |              |                                 |  |
|--------------|--------------|---------------------------------|--|
| City & State | City & State | 4. FEI Number <b>59-2952359</b> | Applied For<br><input type="checkbox"/> Not Applicable |
| Zip          | Country      | Zip                             | Country  |

|  |
|--|
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |
|--|

6. Name and Address of Current Registered Agent

**CHAMBERLAIN, DONAS**  
**245 PALMETTO AVENUE N E**  
**WINTER HAVEN FL 33881**

7. Name and Address of New Registered Agent

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City **FL** 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 \_\_\_\_\_ (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)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 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                     |  | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|--|--|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PTD</b><br><b>CHAMBERLAIN, DONAS</b><br><b>245 PALMETTO AVE N E</b><br><b>WINTER HAVEN FL</b>     | <input type="checkbox"/> Delete                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>SVD</b><br><b>CHAMBERLAIN, HORACE JR</b><br><b>245 PALMETTO AVE N E</b><br><b>WINTER HAVEN FL</b> | <input type="checkbox"/> Delete                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>T</b><br><b>CHAMBERLAIN, DAISY</b><br><b>245 PALMETTO AVE NE</b><br><b>WINTER HAVEN FL</b>        | <input type="checkbox"/> Delete                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: D Chamberlain, Owner  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 8 2001 863 299-6191  
 Date Daytime Phone #

CR2E034 (10/00)