.2001 UNIFORM BUSINESS REPORT (UBR)

May 23, 2001 8:00 am Secretary of State DOCUMENT # K82419 05-23-2001 90021 017 ***150.00 VALET CLEANERS, INC. Principal Place of Business Mailing Address 4301 N 56TH ST 4301 N 56TH STREET TAMPA FL 33610 TAMPA FL 33610 US 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2953553 Not Applicable \$8.75 Additional Zip Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ELIZABETH C! THOMPSON Street Address (P.O. Box Number is Not Acceptable) 6372 PALMA DEL MAR #1201 ST PETERSBURG FL 33715 Zip Code City FL 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. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Election Campaign Financing \$5.00 May Be After MAY 1, 2001 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition ☐ Change TITLE ☐ Delete TITLE THOMPSON, ELIZABETH C. NAME NAME STREET ADDRESS STREET ADDRESS 6372 PALMA DEL MAR #1201 CITY-ST-ZIP ST PETERSBURG FL 33715 CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE THOMPSON, EDWARD M. NAME NAME 6372 PALMA DEL MAR #1201 STREET ADDRESS STREET ADDRESS ST PETERSBURG FL 33715 CITY-ST-ZIP CITY-ST-ZIE ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE Change ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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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. Elizabeth C. Thompon, Prosident Valet Cleaners, Inc.

13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information