2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 04, 2003 8:00 am
Secretary of State
02-21-2003 90017 031 ****50.00

DOCUMENT # L01000014866

1. Entity Name
ORLANDO CLEANERS II, LLC

59-3680570

☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business	Mailing Address
2240 BELLEAIR ROAD, STE. 160 CLEARWATER FL 33764	2240 BELLEAIR ROAD, STE. 160 CLEARWATER FL 33764

2. Principal Place of Business	3. Mailing Address
223 N. Orange	223 N. Orange
Suite, Apt. #, etc. Blossom Trail	Suite, Apt. #, etc. Blossom Trail
City & State Orlando, FL	City & State Orlando, FL
Zip 32805 Country	Zip 32805 Country

4. FEI Number APPLIED FOR ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
O'CONNOR, PATRICK M ESQ. O'CONNOR & ASSOCIATES 2240 BELLEAIR ROAD, STE. 160 CLEARWATER FL 33764	Name: Jeffrey T. Alexander Street Address (P.O. Box Number is Not Acceptable): 223 N. Orange Blossom Trail City: Orlando FL Zip Code: 32805

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: J.T. Alexander 1/30/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ALEXANDER, JEFFREY T 6210 N FLORIDA AVENUE TAMPA FL 33604	☐ Delete	PD Alexander, Jeffrey T.	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCNATT, JR., HENRY 6210 N FLORIDA AVENUE TAMPA FL 33604	☒ Delete	223 N. Orange Blossom Trail Orlando FL 32805	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes.

SIGNATURE: SIGNATURE REQUIRED J.T. Alexander 1/30/03 (407) 461-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)