

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L12868

1. Entity Name

SPIRIT CLEANERS, INC.

Principal Place of Business

3032 SR 590
CLEARWATER FL 33759
US

Mailing Address

3032 SR 590
CLEARWATER FL 33759
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TEREPKA, STEVE E.
1590 MCMULLEN BOOTH RD #K-5
CLEARWATER FL 34619

Name Terepka Steve

Street Address (P.O. Box Number is Not Acceptable)

692 23rd St S.W.

City Largo

FL

Zip Code 33770

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)

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, 2000 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	S	<input type="checkbox"/> Delete
NAME	TEREPKA, DEBORAH	
STREET ADDRESS	692 23 ST SW	
CITY-ST-ZIP	LARGO FL 33778	
TITLE	PD	<input type="checkbox"/> Delete
NAME	TEREPKA, STEVE R.	
STREET ADDRESS	692 23RD ST SW	
CITY-ST-ZIP	LARGO FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

Deborah Terepka

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-00

Date

727 726 4181

Daytime Phone #

FILED
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90015 019 ***150.00

0004000



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2965082** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

CR2E034 (9/99)