CR2E034 (10/00)

FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Mar 21, 2001 8:00 am **DOCUMENT # L53860 Secretary of State** 1. Entity Name GOLDEN TOUCH DRY CLEANERS, INC. 03-21-2001 90072 027 ***150.00 Principal Place of Business Mailing Address 4034 LITTLE RD 4034 LITTLE RD NEW PT RICHEY FL 34655 NEW PT RICHEY FL 34655 us 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3018029 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 GOLDEN, DONALD J Street Address (P.O. Box Number is Not Acceptable) 4034 LITTLE RD **NEW PORT RICHEY FL 34655** City 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 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, 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Addition Delete ☐ Change TITLE TITLE GOLDEN, DONALD J. NAME NAME STREET ADDRESS STREET ADDRESS 4034 LITTLE ROAD CITY-ST-ZIP CITY-ST-ZIP **NEW PORT RICHEY FL** TITLE ☐ Delete TITLE ☐ Change ☐ Addition GOLDEN, EDITH D. NAME NAME STREET ADDRESS **4034 LITTLE ROAD** STREET ADDRESS CITY-ST-ZIP **NEW PORT RICHEY FL** CITY-ST-ZIE TITLE □ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Channe NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE: Donald Tilon DoWALD & GOLDEN 3/17/01 707 3763150