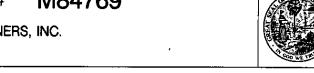
## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

## M84769 **DOCUMENT #**

1. Entity Name

BRITE STAR CLEANERS, INC.



Principal Place of Business C/O WILLIAM SIMS, JR. 5751 N. MAIN ST., STE, 201 JACKSONVILLE FL 32208-5329 Mailing Address C/O WILLIAM SIMS, JR. 5751 N. MAIN ST., STE, 201 JACKSONVILLE FL 32208-5329

					1986   1986   1986   1986   1986   1986	
2. Principal Place of Business St S75 N Ways St					10!1 3101f 0!0)1 818)1 0:0(f 190)	
Suite, Apt. #, etc Suite, Apt. #, etc O\				☐ CHECK HERE IF MAKING CHANGES		
City & Sta CACKS	1 1 1 1	City & State	alt	4. FEI Number 59-2895132	Applied For Not Applicable	
3 3 3 3	SS Country USA	39208	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent		
DOUD, CLINTON L			Name	Name		
6620 SOUTHPOINT DR NO			Street Address (P.O. Box Number is Not Acceptable)			
STE 210 BOX 10						
JACKSONVILLE FL 32216					Zip Code	
			1	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. I am familiar with, and accept the obligations of registered agent.						
SIGNATURE						
FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  9. Election Campaign Financing Trust Fund Contribution.   Added to Fees						
10.	OFFICERS AND I	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 11	
TITLE	PD	☐ Delete	TITLE		☐ Change ☐ Addition	
NAME STREET ADDRESS	SIMS, JR. W 5034 CINANCY CT		NAME			
STREET ADDRESS CITY-ST-ZIP	JACKSONVILLE FL 32277		STREET ADDRESS CITY-ST-ZIP			
TITLE	D	□ Delete	TITLE		☐ Change ☐ Addition	
NAME	SIMS, WILLIAM, JR.		NAME			
STREET ADDRESS	5034 CINANCY CT		STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32277	· · · · · · · · · · · · · · · · · · ·	CITY-ST-ZIP			
TITLE NAME	VSTP SIMS, MICHELLE	Delete	NAME		Change Addition	
STREET ADDRESS	5034 CINANCY CT		STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32277		CITY-ST-ZIP			
₹IπL€		☐ Delete	TITLE		☐ Change ☐ Addition	
NAME			NAME			
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP			
			<u> </u>			
TITLE NAME		☐ Delete	TITLE NAME		☐ Change ☐ Addition	
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	
NAME			NAME			

**FILED** Feb 04, 2003 8:00 am Secretary of State

02-04-2003 90132 018 \*\*\*150.00

CITY-ST-ZIP CITY-ST-ZIP 12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

SIGNATURE:

STREET ADDRESS