2002 UNIFORM BUSINESS REPORT (UBR)

May 22, 2002 8:00 amg Secretary of State DOCUMENT # M99626 1. Entity Name 05-22-2002 90084 036 ***158.75 RYANWOOD CLEANERS, INC. Principal Place of Business Mailing Address % MARTIN POLLICK P.O. BOX 36 R0110315 2030 - 58TH AVE. VERO BEACH FL 32961 VERO BEACH FL 32966 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 Applied For 4. FEI Number 65-0072629 Not Applicable 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 POLLICK, MARTIN Street Address (P.O. Box Number is Not Acceptable) **2965 59TH AVENUE** VERO BEACH FL 32966 Zio 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE CR2E034 (9/01) ☐ Delete TITLE ☐ Change Addition NAME POLLICK, MARTIN NAME STREET ADDRESS 2965 59TH AVENUE STREET ADDRESS CITY-ST-ZIP VERO BEACH FL CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME POLLICK, ROSELINDE G. NAME STREET ADDRESS **2965 59TH AVENUE** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP vero beach fl .Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Oelete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$T-ZIP ☐ Delete TITLE ☐ Change ☐ Addition 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.

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Mordo Pr SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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