

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000005746

1. Entity Name

ST. LUCIE CLEANERS, INC.

Principal Place of Business

904 S.W. ST. LUCIE BLVD.
PORT ST LUCIE FL 34986

Mailing Address

904 S.W. ST. LUCIE BLVD.
PORT ST LUCIE FL 34986

2. Principal Place of Business

904 S.W. St. Lucie Blvd.

Suite, Apt. #, etc.

3. Mailing Address

2057 SW CAPEADOR ST

Suite, Apt. #, etc.

City & State

Port St. Lucie FL

Zip

34986

Country

USA

City & State

Port St. Lucie FL

Zip

34953

Country

USA

4. FEI Number

05-0977853

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LABIANCA, DORETTA
2057 SW CAPEADOR STREET
PORT ST LUCIE FL 34953

Name

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

City

FL 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: *Doretta LaBianca* Doretta LaBianca, Vice President 5/1/01
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, 2001 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 D
NAME LABIANCA, DORETTA
STREET ADDRESS 2057 SW CAPEADOR STREET
CITY-ST-ZIP PORT ST LUCIE FL 34953

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

Addition

TITLE D
NAME LABIANCA, MIKE
STREET ADDRESS 2057 SW CAPEADOR STREET
CITY-ST-ZIP PORT ST LUCIE FL 34953

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

Addition

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.

Doretta LaBianca

(561)

SIGNATURE: *Doretta LaBianca*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Vice President 5/1/01, 340-5756

Date

Daytime Phone #

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91076 042 ***150.00

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DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)