

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000005746

1. Entity Name

ST. LUCIE CLEANERS, INC.

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

05-17-2001 91076 042 ***150.00

0631087

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.



DO NOT WRITE IN THIS SPACE

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

7. Name and Address of New Registered Agent

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 La Bianca* Doretta La Bianca, 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

TITLE	D	<input type="checkbox"/> Delete
NAME	LABIANCA, DORETTA	
STREET ADDRESS	2057 SW CAPEADOR STREET	
CITY-ST-ZIP	PORT ST LUCIE FL 34953	
TITLE	D	<input type="checkbox"/> Delete
NAME	LABIANCA, MIKE	
STREET ADDRESS	2057 SW CAPEADOR STREET	
CITY-ST-ZIP	PORT ST LUCIE FL 34953	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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: *Doretta La Bianca* Doretta La Bianca, Vice President 5/1/01 340-5756
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)