2002 Uniform Business Report (UBR)

Apr 17, 2002 8:00 am § Secretary of State DOCUMENT # P00000044729 1. Entity Name PETERMAN FORMAL WEAR & DRY CLEANING INC. Principal Place of Business Mailing Address 3804 EDGEWATER DRIVE 3804 EDGEWATER DRIVE ORLANDO FL 32804 ORLANDO FL 32804 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 59-3650018 Not Applicable Zip 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 Name PETERMAN, MICHAEL Street Address (P.O. Box Number is Not Acceptable) 3804 EDGEWATER DRIVE ORLANDO FL 32804 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) 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 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME PETERMAN, MICHAEL NAME STREET ADDRESS 3804 EDGEWATER DRIVE STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32804 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME PETERMAN, ROBERT NAME STREET ADDRESS 3804 EDGEWATER DRIVE STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32804 CITY-ST-ZIP TITLE ☐ Delete TITLE - - Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change □ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR