2001 UNIFORM BUSINESS REPORT (UBR)

4/3

FILED
May 22, 2001 8:00 am
Secretary of State
04-30-2001 90048 032 ***150.00

[redacted]

DO NOT WRITE IN THIS SPACE

DOCUMENT # P00000045376

1. Entity Name
DRYCLEAN SOLUTIONS, INC.

Principal Place of Business	Mailing Address
118 JACKSON RD. #9 JACKSONVILLE FL 32225	118 JACKSON RD. #9 JACKSONVILLE FL 32225

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3649318 ☐ Applied For ☐ Not Applicable

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
ADIUTORI, JOSEPH 118 JACKSON RD. #9 JACKSONVILLE FL 32225	Name: Theodore Myaskovsky Street Address (P.O. Box Number is Not Acceptable): 118 Jackson Road #9 City: Jacksonville Zip Code: 32225

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 ____________ 4/23/2001
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	CEOD ADIUTORI, JOSEPH 118 JACKSON RD. #9 JACKSONVILLE FL 32225 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V De Antonis, John 118 Jackson Road #9 Jacksonville, FL 32225 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD JERMANUS, KAL B 118 JACKSON RD. #9 JACKSONVILLE FL 32225 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MYASKOVSKY, THEODORE 118 JACKSON RD. #9 JACKSONVILLE FL 32225 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD SCIABARASI, PHILIP 118 JACKSON RD. #9 JACKSONVILLE FL 32225 ☐ 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.

SIGNATURE: ____________ 4/23/2001 (904)642-0286
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)