

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000084949**

1. Entity Name

COMPULSIVE CLEANERS OF PALM BEACH COUNTY, INC.

Principal Place of Business

**400 S. FEDERAL HWY., #417
BOYNTON BEACH FL 33435**

Mailing Address

**400 S. FEDERAL HWY., #417
BOYNTON BEACH FL 33435**

2. Principal Place of Business

123 N. Congress Ave.

3. Mailing Address

123 N. Congress Ave.

Suite, Apt. #, etc.

Suite 316

Suite, Apt. #, etc.

Suite 316

City & State

Boynton Bch. FL

City & State

Boynton Bch. FL

Zip

33426

Country

USA

Zip

33426

Country

USA

4. FEI Number

65-1038302

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MCGOEY, MICHAEL J
209 N. SEACREST BLVD.
BOYNTON BEACH FL 34957**

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

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 **DPS** ☐ Delete
NAME **PRASTARO, NANCY A**
STREET ADDRESS **4086 FOSS RD.**
CITY-ST-ZIP **LAKE WORTH FL 33461**TITLE **DVT** ☐ Delete
NAME **SMITH, MICHAELLA M**
STREET ADDRESS **621 E. WOOLBRIGHT RD. B207**
CITY-ST-ZIP **BOYNTON BEACH FL 33435**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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: **Michaela M. Smith**
Vice-President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michaela M. Smith**2/13/01**

Date

561)386-3972

Daytime Phone #

0307595

CR2E034 (10/00)