2001 UNIFORM BUSINESS REPORT (UBR)

Mar 27, 2001 8:00 am DOCUMENT # P00000109469 **Secretary of State** RAINBOW CLEANERS OF PASCO/ HERNANDO, INC. 03-27-2001 90041 027 ***150.00 Principal Place of Business Mailing Address 7201 BIMINI: DR. 7201 BIMINI DR. PORT RICHEY FL 34668 PORT RICHEY FL 34668 **UUUZ8775** 2. Principal Place of Business 3. Mailing Address Point Plaza Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 12023 City & State 4. FEI Number Applied For 59-3697485 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired U. S.A 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent euerer MARTZ, JERRY 4092 PINE DALE COURT SPRING HILL FL 34607 Zip Code 34668 8. The above named entity sugmits this statement for the purpose of changing its registered office or registered agent, of both, in the State of Florida. SIGNATURE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. Addition TITLE ☐ Delete TITLE Change NAME NAME NEUERER, CHRISTOPHER STREET ADDRESS STREET ADDRESS 7201 BIMINI DR. CITY-ST-ZIP CITY-ST-ZIP PORT RICHEY FL 34668 Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME MARTZ, JERRY STREET ADDRESS STREET ADDRESS 4092 PINE DALE CT. CITY-ST-ZIP CITY-ST-ZIP SPRING HILL FL 34607 ☐ Delete ☐ Addition TITLE TITLE ☐ Change NAME NAME MARTZ, SALLY STREET ADDRESS STREET ADDRESS 4092 PINE DALE CT. CITY-ST-ZIP CITY-ST-ZIP SPRING HILL FL 34607 - Change - Addition -TITLE Detete: HILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE 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 ail other like empowered.