

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91844 028 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P0100053811

1. Entity Name
STINGLIN CLEANERS COMPANY



90129747

Principal Place of Business
5316 PONTE VISTA CIR.
205
ORLANDO, FL 32839

Mailing Address
5316 PONTE VISTA CIR.
205
ORLANDO, FL 32839

2. Principal Place of Business
1940 LAKE HERITAGE CIR.
Suite, Apt. #, etc.

3. Mailing Address
1940 LAKE HERITAGE CIR.
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
ORLANDO FL

City & State
ORLANDO FL

4. FEI Number
59-3722653

Applied For
☐ Not Applicable

Zip
32839

Country

Zip
32839

Country

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

6. Name and Address of Current Registered Agent

TORO, RUBEN D
7345 SAND LAKE RD.
204
ORLANDO, FL 32819

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when electing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PDST
STINGLIN, LOURDES M
5316 PONTE VISTA CIR. # 205
ORLANDO, FL 32819 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PDST
STINGLIN, LOURDES M. ☒ Change ☐ Addition
1940 LAKE HERITAGE CIR.
ORLANDO FL. 32839

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 10 or Block 11 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

04/30/02 (407)857-4656

Date

Daytime Phone #

CR02034 (10/02)