

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 31, 2003 8:00 am**  
**Secretary of State**

3/1

03-17-2003 90090 031 \*\*\*150.00

**DOCUMENT # P02000002620**

1. Entity Name  
**DRYCLEAN ALTERNATIVE VALET, INC.**



Principal Place of Business  
**940 SWEETWATER LN. #506  
BOCA RATON FL 33431**

Mailing Address  
**940 SWEETWATER LN. #506  
BOCA RATON FL 33431**

2. Principal Place of Business  
**1000 Palm Trail  
Suite, Apt. #, etc.  
#10**

3. Mailing Address  
**same**  
Suite, Apt. #, etc.

City & State  
**Delray Bch FL**  
Zip  
**33483**  
Country  
**USA**

City & State  
**FL**

4. FEI Number  
**260040404**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**SISSON, LARRY  
218 SOUTHERN COUNTRY LN.  
QUINCY FL 32351**

7. Name and Address of New Registered Agent

Name **Beth Jennings**  
Street Address (P.O. Box Number is Not Acceptable)

**1000 Palm Trail #10  
City Delray Bch FL Zip Code 33483**

☒ 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 **Beth Jennings**  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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 **D** ☐ Delete  
NAME **JENNINGS, BETH**  
STREET ADDRESS **940 SWEETWATER LN. #506**  
CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Beth Jennings** ☒ Change ☐ Addition  
NAME **1000 Palm Trail #10**  
STREET ADDRESS **Delray Bch FL**  
CITY-ST-ZIP **33483**

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

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

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

☒ 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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/9/03**  
Date

**514-266-0044**  
Daytime Phone #

CR2E034 (10/02)