

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

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

05-05-2003 91898 012 ***150.00

DOCUMENT # P02000039742

1. Entity Name

**PRESTIGE DRY CLEANERS & ALTERATION
SERVICE INC**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2400 FIRST STREET

3. Mailing Address
2400 FIRST STREET

DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.
SUITE 106

Suite, Apt. #, etc.
SUITE 106

City & State
FORT MYERS, FL

City & State
FORT MYERS, FL

4. FEI Number
75-3037533

Applied For
Not Applicable

Zip
33901

Country

Zip
33901

Country

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
CLIFFORD SMITH

Street Address (P.O. Box Number is Not Acceptable)

13601 PARKCREST BLVD., APT# 1313

City
FORT MYERS

FL

Zip Code
33912

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.

CLIFFORD SMITH

(NOTE: Registered Agent signature required when reinstating)

4/28/03

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
**PRESIDENT
CLIFFORD SMITH
13601 PARKCREST BLVD, APT 1313
FORT MYERS, FL 33912**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VICE PRESIDENT
NICOLE CLARKE-SMITH
13601 PARKCREST BLVD, APT 1313
FORT MYERS, FL 33912**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DIRECTOR
ANTHONY CLARKE
13601 PARKCREST BLVD, APT 1313
FORT MYERS, FL 33912**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CLIFFORD SMITH

4/28/03

Date

239-437-7171

Daytime Phone #

CR2E034B (12/02)