FILED 2003 FOR PROFIT CORPORATION Jan 21, 2003 8:00 am UNIFORM BUSINESS REPORT (UBR Secretary of State P02000047191 **DOCUMENT #** 01-21-2003 90141 021 ***150.00 1. Entity Name YC UNIVERSITY CLEANERS, INC. Mailing Address Principal Place of Business 0 0 0 0 0 0 0 08350 MARKET STREET 8350 MARKET STREET **BRADENTON FL 34202 BRADENTON FL 34202** Mailing Address 2. Principal Place of Business ☐ CHECK HERE IF MAKING CHANGES Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State Not Applicable 3050 \$8,75 Additional Country Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SCHOI, DAE S Street Address (P.O. Box Number is Not Acceptable) 8350 MARKET STREET **BRADENTON FL 34202** Zip Code City 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. 雪亮 SIGNATURE DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2003 Fee will be \$550.00 Added to Fees Trust Fund Contribution. Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME CHOI, DAE S NAME STREET ADDRESS STREET ADDRESS 8350 MARKET STREET CITY-ST-ZIP **BRADENTON FL 34202** CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME

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12. I hereby certify that the information supplied with this filing floes 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 flocurate 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:

NAME

TITLE

NAME

NAME

TITLE

STREET ADDRESS

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SIGNATURE MID TYPED OR PRINTED NAME

REQUIRED

ME P F SIGNING OFFICER OR DIRECTOR

1/15/2003

Daytime Phone #

☐ Addition

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