

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

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

05-05-2003 91805 046 \*\*\*150.00

DOCUMENT # P02000088669

1. Entity Name

PRESS-TIGE CLEANERS, INC.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

2500 S. WASHINGTON AV 2500 S. WASHINGTON AVE

Suite, Apt. #, etc.

# 102

3. Mailing Address

2500 S. WASHINGTON AVE

Suite, Apt. #, etc.

# 102

DO NOT WRITE IN THIS SPACE

City & State

TITUSVILLE FL

City & State

TITUSVILLE FL

4. FEI Number

72-1535232

Applied For

Not Applicable

Zip

32780

Country

USA

Zip

32780

Country

U.S.A

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

ROGER O'BRIEN

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

4035 WINTER TERRACE

City

TITUSVILLE

FL

Zip Code

32780

**DO NOT WRITE  
IN THIS SPACE**

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 consisting)

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 ROGER O'BRIEN 4035 WINTER TERRACE TITUSVILLE FL 32780
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT COLIN O'BRIEN 4035 WINTER TERRACE TITUSVILLE FL 32780
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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

1st May 2003 321 385 9905

Date

Daytime Phone #

CR2E034B (12/02)