

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 29, 2001 8:00 am**  
**Secretary of State**  
 08-29-2001 90009 039 \*\*\*550.00

**DOCUMENT # P92000012122**

1. Entity Name  
**YATES CLEANERS, INC.**

Principal Place of Business

Mailing Address

710 MISSOURI AVE S  
 CLEARWATER FL 34616

710 MISSOURI AVE S  
 CLEARWATER FL 34616

2. Principal Place of Business

3. Mailing Address

710 Missouri Ave. So.  
 Suite, Apt. #, etc.

SAME  
 Suite, Apt. #, etc.

City & State

City & State

Clearwater, FL

Zip  
 33756

Country  
 USA

Zip

Country

4. FEI Number

59-3155802

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

YATES, ROBERT R

710 MISSOURI AVE S  
 CLEARWATER FL 34616

Name Robert R. Yates

Street Address (P.O. Box Number is Not Acceptable)  
 710 Missouri Ave. So.

Clearwater, FL.

City Clearwater, FL.

FL

Zip Code  
 33756

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.

SIGNATURE Robert R. Yates  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

8-22-01

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so. ☐  
 (See criteria on back)

**FILE NOW!!! FEE IS \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

\$5.00 May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P YATES, ROBERT R 710 MISSOURI AVE S CLEARWATER FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert R. Yates  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-22-01

Date

Daytime Phone #

727-446-1963

CR2E034 (5/01)