🗝😳 UNIFORM BUSINESS REPORT (UBR) FILED Mar 07, 2000 8:00 an Secretary of State OCUMENT # P9300061716 ntity Name . - ASIDE CLEANERS, INC. 03-07-2000 90089 003 ***150.00 Flace of Business Mailing Address 6126 SEASIDE DRIVE **IIS 19 N** PORT RICHEY FL 34652 NEW PORT RICHEY FL 34652-2044 rincipal Place of Business 3. Mailing Address MOJAUE PLACE 220 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE ::: Apt. #, etc. Applied For ..ry & State 4. FEI Number 59-3204255 NEW BORT RICHEY, FL Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 5MITH KISER, RONALD L ddress (P.O. Box Number is Not Acceptable) INC C/O SEASIDE CLEANERS, INC. SEASIDE CLEANERS 6126 SEASIDE DRIVE MOTAVE PLACE_ **NEW PORT RICHEY FL 34652** above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida FILE NOW!!! FEE IS \$150.00 This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be lax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS DP Change Addition Delete TITLE KISER, PATRICIA A NAME ADDDECC 6126 SEASIDE DR. STREET ADDRESS CITY-ST-ZIP ST-ZIP **NEW PORT RICHEY FL 34652** D۷ Delete ☐ Change Addition TITLE KISER, RONALD L NAME STREET ADDRESS 6126 SEASIDE DR. CITY-ST-ZIP ST-ZIP NEW PORT RICHEY FL 34652 [Addition TITLE D: Delete SMITH, SHELLEY R NAME kororee 9220 MOJAUR PLACE STREET ADDRESS 6126 SEASIDE DR. ST-ZIP CITY-ST-ZIP **NEW PORT RICHEY FL 34652** ☐ Delete TITLE En B SMITH SMITH. JERE NAME 4515 FLORAMAR TERRACE винии ее 6126 SEASIDE DR. STREET ADDRESS 3465 Q ST ZIP **NEW PORT RICHEY FL 34652** CITY-ST-ZIP ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP ST-7IP ☐ Delete Change Addition TITLE 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

ENATURE AND TYPED OR ARIN ED NAME OF SIGNING OFFICER OR DIRECTOR