## 2001 UNIFORM BUSINESS REPORT (UBR)

## May 15, 2001 8:00 am Secretary of State DOCUMENT # P93000069189 1. Entity Name 05-15-2001 90201 016 \*\*\*150.00 CROWN CLEANERS, INC. Principal Place of Business Mailing Address 1913 COUNTY ROAD 951 1913 COUNTY ROAD 951 Philipboon NAPLES FL 34116 NAPLES FL 34116 2. Princ **CROWN CLEANERS INC CROWN CLEANERS INC** Suite 12215 COLLIER BLVD. 12215 COLLIER BLVD. DO NOT WRITE IN THIS SPACE SUITE #1 SUITE #1 Applied For 4. FEI Number 65-0438620 NAPLES, FL 34116 NAPLES, FL 34116 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired USA V SA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name STEWART & STORTER ATTORNEYS AT LAW Street Address (P.O. Box Number is Not Acceptable) 1725 COUNTY ROAD 951 SUITE 106, PINE PLAZA **GOLDEN GATE FL 33999** City Zip Code 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition TITLE ☐ Delete 12215 COLLIER BLVD. NAME TIMKO, TERRIE SUITE #1 TERRIE TIMKO STREET ADDRESS STREET ADDRESS 1913 COUNTY ROAD 951 NAPLES, FL 34116 CITY-ST-ZIP CITY-ST-ZIP address correction NAPLES FL TITLE VPTD ☐ Delete VATO 12215 COLLIER BLVD. NAME TIMKO, RICHARD RICHARD TIME STREET ADDRESS SUITE #1 STREET ADDRESS 1913 COUNTY ROAD 951 CITY-ST-ZIP CITY-ST-ZIP address correction NAPLES FL NAPLES, FL 34116 TITLE ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Channe ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE □ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change TIT! F ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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 of thustee 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:

FILED