2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED May 31, 2000 8:00 am Secretary of State DOCUMENT # **P93000076858** ENVIRO-STRIP CLEANING SYSTEM, INC. 05-31-2000 90005 046 ***150.00 Mailing Address Principal Place of Business 1915 SW 21ST AVE 1915 SW 21ST AVE FT LAUDERDALE FL 33312-3113 FT LAUDERDALE FL 33312 2, Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0453240 Not Applicable. Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name **FILINGS INC** Street Address (P.O. Box Number is Not Acceptable) 3732 NW 16TH ST FT LAUDERDALE FL 33311 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. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 12. 11. peesident Addition TITLE TITLE ☐ Delete JACKSON JACKSON, WILLIAM B PATRICIA NAME NAME 1915 SW 21ST AVE 1915 SW 21 AVE STREET ADDRESS STREET ADDRESS FT LAUDERDALE FL 33312 CITY-ST-ZIP Pt LAUDERNAIS CITY-ST-7IP ☐ Addition V. PResident Delete TITLE TITLE JACKSON, JEAN M JACKSON NAME NILLIAM NAME 1915 SW 21ST AVE STREET ADDRESS 1915 JW 21 AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33312 '33/ LANDERDALS, - ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME . STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 life empoyered.

SIGNING OFFICER OF DIRECTOR