

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P94000000053**

1. Entity Name

**A TOUCH OF CLASS CLEANERS, INC.****FILED**  
**Mar 01, 2001 8:00 am**  
**Secretary of State**

03-01-2001 90048 041 \*\*\*150.00

Principal Place of Business

Mailing Address

**11940 US HWY ONE  
SUITE 113 & 114  
NORTH PALM BEACH FL 33408****11940 US HWY ONE  
SUITE 113 & 114  
NORTH PALM BEACH FL 33408****00020960**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number **65-0456482**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**ALLEN STEINHORN & CO INC.  
1001 NORTH US HWY. ONE  
STE. 600  
JUPITER FL 33477**

Name

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

City

**FL**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	<b>D</b>	<input type="checkbox"/> Delete	<b>SEEDARNEE, ELSIE N</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
	<b>11026 MONET LANE</b>		<b>PALM BEACH GARDENS FL 33410</b>				
	<b>D</b>	<input type="checkbox"/> Delete	<b>SEEDARNEE, KENNY</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
	<b>2025 VANDERBILT POINT</b>		<b>LONGWOOD FL</b>				
		<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
		<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
		<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
		<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
		<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Jan. 31, 2001** **561 775-1500**

Date

Daytime Phone #

CR2E034 (10/00)