

3/31

FILED
May 21, 2002 8:00 am
Secretary of State

03-31-2002 90052 047 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000000053

1. Entity Name

A TOUCH OF CLASS CLEANERS, INC.

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0456482

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

Allen Steinhorn
 1001 NORTH US HWY. ONE
 STE. 600
 JUPITER FL 33477

7. Name and Address of New Registered Agent

Name Wisniewski, Blakiston & Leslie, P.A.
 Street Address (P.O. Box Number is Not Acceptable)
1001 North U.S. Hwy One Ste. 600
Maas Building
 City Jupiter FL Zip Code 33477

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.

Henry Y. Blakiston, CPA

4/22/02

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, 2002 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

TITLE ☐ Delete
 NAME **D SEEDARNEE, ELSIE N**
 STREET ADDRESS **11026 MONET LANE**
 CITY-ST-ZIP **PALM BEACH GARDENS FL 33410**

TITLE ☐ Delete
 NAME **D SEEDARNEE, KENNY**
 STREET ADDRESS **2025 VANDERBILT POINT**
 CITY-ST-ZIP **LONGWOOD FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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 like empowered.

SIGNATURE:

Nancy Seedarnee
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/02 561775-1500
 Date Daytime Phone #

CR2E034 (9/01)