

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000076087

1. Entity Name

KRISHON'S CARPET DRY CLEANING AND SERVICE, INC.

Principal Place of Business

Mailing Address

~~5000 SE 8TH ST~~ 1041 SE 50 TERR. ~~5000 SE 8TH ST~~ 1041 SE 50 TERR.
OCALA FL 34471 Ocala FL 34471

2. Principal Place of Business

1041 SE 50 TERR.

3. Mailing Address

1041 SE 50 TERR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

OCALA, FL

City & State

OCALA, FL

Zip

34471

Country

US

Zip

34471

Country

US

4. FEI Number

59-3273938

Applied For

Not Applicable

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

COOKE-YARBOROUGH, NICHOLAS
5000 S.E. 8TH ST
OCALA FL 34471

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 *Nicholas Cooke-Yarborough*
Signature, typed or printed name of registered agent and title if applicable.

PR0319 4/25

(NOTE: Registered Agent signature required when reinstating)

3/6/01

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	D	<input type="checkbox"/> Delete
NAME	COOKE-YARBOROUGH, NICHOL S	
STREET ADDRESS	5000 S.E. 8TH ST.	
CITY-ST-ZIP	OCALA FL 34471	
TITLE	D	<input type="checkbox"/> Delete
NAME	COOKE-YARBOROUGH, TINA	
STREET ADDRESS	5000 S.E. 8TH ST.	
CITY-ST-ZIP	OCALA FL 34471	
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: *Nicholas Cooke-Yarborough*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/6/01 352-694-2408

FILED

Mar 08, 2001 8:00 am
Secretary of State

03-08-2001 90028 023 ***150.00

817233



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)