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

## Apr 28, 2001 8:00 am Secretary of State DOCUMENT # P95000043176 1. Entity Name LINDA DROGAN CLEANING, INC. 04-28-2001 90066 016 \*\*\*150.00 Principal Place of Business Mailing Address 6080 NW 72 WAY 6080 NW 72 WAY PARKLAND FL 33067 PARKLAND FL 33067 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0656225 Not Applicable Zip Country Zip \$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 PASSAME/10 OHN. WIGGINS, RICHARD Street Address (P.O. Box Number is Not Acceptable) **4951 SW 5 STREET** POMPANO BEACH FL 33068 6466 NW 5 th purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity submits this statement for SIGNATURE 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 filling requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Delete Change ☐ Addition TITLE TITLE DROGAN, LINDA NAME STREET ADDRESS 6080 NW 72 WAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Parkland FL 33067 TITLE Detete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 OP DIPLECTOR

CITY-ST-ZIP

CITY-ST-7IF