

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90144 042 ***150.00

DOCUMENT # P95000045385

1. Entity Name
ROYAL DRY CLEANERS, INC.

Principal Place of Business 3617 CROWN POINT ROAD SUITE 4 JACKSONVILLE FL 32225 US	Mailing Address 3617 CROWN POINT ROAD SUITE 4 JACKSONVILLE FL 32257-9010 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3617 Crown Point Rd.	3. Mailing Address P.O. BOX 24608
Suite, Apt. #, etc. SUITE #1	Suite, Apt. #, etc.
City & State Jacksonville FL	City & State Jacksonville FL
Zip FL 32257 Country USA	Zip 32241 Country USA

4. FEI Number 59-3324285	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HERNANDEZ, MEREDITH A 3617 CROWN POINT ROAD SUITE 4 JACKSONVILLE FL 32257	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3617 Crown Point Rd. SUITE #1 City Jacksonville FL 32257
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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 *M. A. Hernandez* **M. A. Hernandez** DATE **3/31/00**

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 Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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 MARSH, BRIAN D 3617 CROWN POINT ROAD, STE 4 JACKSONVILLE FL 32257	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	P.O. BOX 24608 Jacksonville FL 32241
TITLE ST	<input type="checkbox"/> Delete MARSH, MELANIE 13501 PRINCESS KELLY DRIVE JACKSONVILLE FL 32225	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP	<input type="checkbox"/> Delete HOLLOWELL, WILLIAM G 2343 INDIAN SPRINGS DRIVE JACKSONVILLE FL 32246	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D	<input type="checkbox"/> Delete HOLLOWELL, SHELIA 2343 INDIAN SPRINGS DRIVE JACKSONVILLE FL 32246	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	<input type="checkbox"/> Delete	TITLE <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: *William G. Hollowell* **WILLIAM G. HOLLOWELL** DATE **4-24-00** DAYTIME PHONE # **904-288-8999**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)