

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000045385

1. Entity Name

ROYAL DRY CLEANERS, INC.

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

05-02-2000 90144 042 \*\*\*150.00

Principal Place of Business

Mailing Address

3617 CROWN POINT ROAD  
 SUITE 4  
 JACKSONVILLE FL 32225  
 US

3617 CROWN POINT ROAD  
 SUITE 4  
 JACKSONVILLE FL 32257-9010  
 US

2. Principal Place of Business

3. Mailing Address

3617 Crown Point Rd.  
 Suite, Apt. #, etc.  
 SUITE #1

P.O. BOX 24608  
 Suite, Apt. #, etc.

City & State  
 Jacksonville FL  
 Zip  
 FL 32257  
 Country  
 USA

City & State  
 Jacksonville FL  
 Zip  
 32241  
 Country  
 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3324285

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

HERNANDEZ, MEREDITH A  
 3617 CROWN POINT ROAD  
 SUITE 4  
 JACKSONVILLE FL 32257

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 3617 Crown Point Rd.  
 SUITE #1  
 City Jacksonville FL Zip Code 32257

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

*M. A. Hernandez*  
 M. A. Hernandez

3/31/00

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, 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
NAME	MARSH, BRIAN D	
STREET ADDRESS	3617 CROWN POINT ROAD, STE 4	
CITY-ST-ZIP	JACKSONVILLE FL 32257	
TITLE	ST	<input type="checkbox"/> Delete
NAME	MARSH, MELANIE	
STREET ADDRESS	13501 PRINCESS KELLY DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL 32225	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HOLLOWELL, WILLIAM G	
STREET ADDRESS	2343 INDIAN SPRINGS DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL 32246	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOLLOWELL, SHELIA	
STREET ADDRESS	2343 INDIAN SPRINGS DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL 32246	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	P.O. BOX 24608	
CITY-ST-ZIP	Jacksonville FL 32241	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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:

*William G. Hollowell*  
 WILLIAM G. HOLLOWELL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-24-00 904288-8999

CR2E034 (9/99)